

L11000103915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

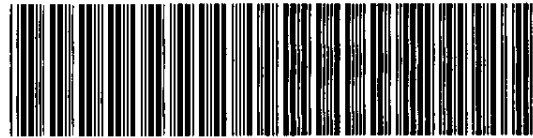
Special Instructions to Filing Officer:

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DEC 28 2011

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 DEC 27 PM 4:31

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LABORATRY OF FLORIDA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDREI LEONOV

Name of Person

LABORATORY OF FLORIDA LLC

Firm/Company

903 MOORING CIRCLE

Address

TAMPA, FL 33602

City/State and Zip Code

ANDREI@LABFLORIDA.COM

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ANDREI LEONOV

Name of Person

at (813)

472-7772

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

PLEASE PROCESS
ASAP
Thanks!
Happy Holidays!

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LABORATORY OF FLORIDA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/12/2011 and assigned
Florida document number L11000103915.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7520 W. WATERS AVE

SUITE 18

TAMPA, FL 33615

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

903 MOORING CIRCLE

TAMPA, FL 33602

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28th DEC 27 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ANDREI LEONOV

New Registered Office Address:

7520 W. WATERS AVE, SUITE 18

Enter Florida street address

TAMPA

City

, Florida

33615

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature)
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HERNANDEZ, DOUGLAS	3418 HANDY ROAD SUITE 102 TAMPA FL 33618	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	RODRIGUEZ, ROBERTO	3418 HANDY ROAD SUITE 102 TAMPA FL 33618	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
S	HERNANDEZ, DOUGLAS	3418 HANDY ROAD SUITE 102 TAMPA FL 33618	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	HERNANDEZ, DOUGLAS	7520 W. WATERS AVE SUITE 18 TAMPA, FL 33615	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	RODRIGUEZ, ROBERTO	7520 W. WATERS AVE SUITE 18 TAMPA, FL 33615	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ANDREI LEONOV	7520 W. WATERS AVE SUITE 18 TAMPA, FL 33615	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ADD MGRM:

GENNADII BRIUKHNO

7520 W. WATERS AVE

SUITE 18

TAMPA, FL 33615

Dated December 21, 2011

Signature of a member or authorized representative of a member

ANDREI LEONOV

Typed or printed name of signee