## L11000143759

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(Ad	dress)	
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(Cit	ry/State/Zip/Phone	#)
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VISION OF CORPORATIONS

DEC 18 2014 J. HARRIS

## **COVER LETTER**

	gistration Secti ision of Corpo		· · · · · · · · · · · · · · · · · · ·	<b>.</b>
CUDIFOT.	Labs 2 You	ı, LLC	•	
SUBJECT:		Name of Lim	ited Liability Company	<del></del>
The enclosed	l Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return	all corresponde	ence concerning this matter	to the following:	
		Christopher L. Freed	dman	
			Name of Person	
		Labs 2 You, LLC		
			Firm/Company	
		4237 Salisbury Road	d, Suite 302	
		* * * * * * * * * * * * * * * * * * * *	Address	
		Jacksonville, FL 32	216	
			City/State and Zip Code	
	<u> </u>	c.freedman@mybene		
			to be used for future annual report notif	ication)
For further in	formation conc	erning this matter, please ca	all:	
Christoph	er L. Freedi	man	904 219-1126	
-	Name of Pe	rson		Telephone Number
Enclosed is a	check for the f	ollowing amount:		
■ \$25.00 F	iling 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Labs 2 You, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as <u>it now appears on our records.</u> ) d Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number L11000143759	ny were filed on 12/13/11 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Limited Lie	ability 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)		
	4 × × × × × × × × × × × × × × × × × × ×	
	EC 1	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	P ORP	<u> </u>
	2 SA SA	
	Section 1	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		e ne
registered agent and/or the new registered orner address no	<u></u>	
Name of New Registered Agent:	<del></del>	_
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
•	City 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 605, 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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Christopher L. Freedman	4237 Salisbury Road, Suite 302	<b>■</b> Add
		Jacksonville, FL 32213	Remove
			<u>_</u>
<del></del>			Add
			Remove
			Add
			□ Remove
			🗆 Add
			□ Remove
			Add
			Remove
			Add
			☐ Remove
		•	

ffective date, if other than the date of filing:	(optional)
he effective date must be specific, cannot be prior to date of receipt or filed date an	
he date this document is filed by the Florida Department of State)	
December 3 2014	
Link P. L	riffen
December 3 2014	esemptive of a member

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Filing Fee: \$25.00

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