

L12000075345

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GUEST LAB, LLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

64360

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COVER LETTER

413000167091

TO: Registration Section
Division of Corporations

SUBJECT: GUEST LAB, 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:

GABRIEL ORTA

Name of Person

GUEST LAB, LLC

Firm/Company

2835 SHERIDAN AVENUE, APT 4

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

GABE@BAR-LAB.COM

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

For further information concerning this matter, please call:

GABRIEL ORTA

Name of Person

at 786 325-8974

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

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2013 JUL 26 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GUEST LAB, 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 06/05/2012 and assigned
Florida document number L12000075345

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**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

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 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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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:

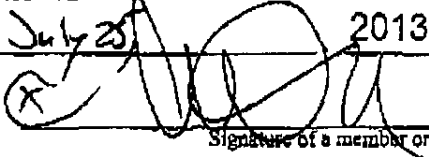
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ELAD ZVI	301 JEFFERSON AVENUE	<input type="checkbox"/> Add
		APT 3E	<input checked="" type="checkbox"/> Remove
		MIAMI BEACH, FL 33139	
MGRM	GABRIEL ORTA	2835 SHERIDAN AVENUE	<input type="checkbox"/> Add
		APT 4	<input checked="" type="checkbox"/> Remove
		MIAMI BEACH, FL 33139	
MGR	ELAD ZVI	301 JEFFERSON AVENUE	<input checked="" type="checkbox"/> Add
		APT 3E	<input type="checkbox"/> Remove
		MIAMI BEACH, FL 33139	
MGR	GABRIEL ORTA	2835 SHERIDAN AVENUE	<input checked="" type="checkbox"/> Add
		APT 4	<input type="checkbox"/> Remove
		MIAMI BEACH, FL 33139	
MGRM	BAR LAB & CO, LLC	301 JEFFERSON AVENUE	<input checked="" type="checkbox"/> Add
		APT 3E	<input type="checkbox"/> Remove
		MIAMI BEACH, FL 33139	
			<input 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.)

Dated July 25 2013



Signature of a member or authorized representative of a member

GABRIEL ORTA

Typed or printed name of signee

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