# L12000131359

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SERRELARY OF STATE
DIVISION OF CONFORTIONS

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T. HAMPTON

#### **COVER LETTER**

	on Section f Corporations		?	
SUBJECT:	Athe	ens LAB LLC		
	Name of Lin	nited Liability Company		
The enclosed Artic	es of Amendment and fee(s) are su	obmitted for filing.		
Please return all co.	rrespondence concerning this matte	r to the following:		
·		Anna Manukyan Name of Person		
		Rocket Lawyer		
	Firm/Company			
5668 E. 61st St.  Address				
	(	Commerce, CA 90040 City/State and Zip Code		
	anna@	Dattorneyscorpservice.com (to be used for future annual report notifical		
For further informa	tion concerning this matter, please		ion	
	Anna Manukyan	at(	62-5487	
N	ame of Person	Area Code & Daytime T	elephone Number	
Enclosed is a check	for the following amount:			
\$25.00 Filing Fe	See \$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		STREET/COURIER ADDRESS: Registration Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301		

### ATTORNEYS CORPORATION SERVICE, INC. 5668 EAST 61<sup>ST</sup> STREET COMMERCE, CA 90040

TEL: (800) 462-5487 ext.104 FAX: (800) 388-0330 EMAIL: nancy@attorneyscorpservice.com

#### DOCUMENT FILING REQUEST LETTER

#### **EXPEDITE FILING SERVICE**

DATE: 10/17/2012

FROM: ANNA MANUKYAN

Client Matter: # 9039624

TO: REGISTRATION SECTION

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ATTN: DOCUMENT FILING DIVISION

RE: Athens LAB LLC

Enclosed is one of the following: (1) Articles of Amendment

Return request with filing: (1) Certified Copy

Return request via following: (X) Priority Mail/Email

Total Page(s) attached including transmittal page: (6)

\*\*Fax/Email a copy of the filed documents upon acceptance of filing\*\*

## \*\*PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO: ATTORNEYS CORPORATION SERVICE, INC.\*\* 5668 E. 61st Street COMMERCE, CA 90040

\*\*PLEASE CONFIRM UPON RECEIVED DOCUMENTS\*\*

NOTE(S):

CK# 659428 \$25.00 (FILING FEE)

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECKETARY OF STATE DIVISION OF CORPORATIONS

12 GCT 24 AM 11: 26

<u></u>	Athens LAB LLC		
(Name	e of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)	,
The Articles of Organization for	this Limited Liability Company were filed or	10/16/12	and assigned
Florida document number	L12000131359		
This amendment is submitted to	amend the following:		
A. If amending name, enter the	e new name of the limited liability compan	<u>v here</u> :	
The new name must be distinguish "L.L.C."	able and end with the words "Limited Liability C	Company," the designation "	LLC" or the abbreviation
Enter new principal offices ad	dress, if applicable:		
(Principal office address MUST	BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if	applicable:		
(Mailing address MAY BE A P			
	ed agent and/or registered office address w registered office address here:	on our records, enter	the name of the new
Name of New Register	ed Agent:		
New Registered Office	Address:	Enter Florida street add	dress
		, 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

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 Title Address Type of Action Name Angie Bourous MGR ☐ Add 4375 Sandner Dr ✓ Remove Sarasota FL 34243 Angie Bourous MGRM 4375 Sandner Dr **√** Add Remove Sarasota FL 34243 ☐ Add Remove Remove Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 17 Dated\_ Signature of a member or authorized representative of a member Anna Manukyan Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00