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SECRETARY OF STATE

COVER LETTER

Registration Section TO: **Division of Corporations**

Pompano Labtec 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:

Mitchell L PerIstein

Name of Person

Firm/Company

4400 N Federal Hwy Ste 210

Boca Raton FL 33431

City/State and Zip Code

mperlstein@perlste.in

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

For further information concerning this matter, please call:

Mitchell Perlstein

at (561) 3680831

Area Code & Daytime Telephone Number

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pompano Labtec LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L13000042626</u> .	ere filed on 3/21/13	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
ELITE LABS, LLC		
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the designation "LLC"	' or the abbreviation
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	e 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:		201
New Registered Office Address:	Enter Florida street address	<u> </u>
	Emer Piorida sireer daares	
	, Florida	22
	City 2	up Code
New Registered Agent's Signature, if changing Registered Agent:)** ***	S = (1)
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office ac	e performance of my duties, and I am f ovided for in Chapter 608, F.S. Or, if th	familiar with and his document is

company has been notified in writing of this change.

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>	Name	Address	Type of Action
MGRM	Elite Laboratory Consultants, LLC	4400 N Federal Hwy Ste 210-46	Add Add
		Boca Raton FL 33431	Remove
MGR	Mitchell L Perlstein	4400 N Federal Hwy Ste 210	Add
		Boca Raton FL 33431	Remove
			_ Add
			Remove
			Add
			Remove
		A S	2013 AFR 26
			Remove
			Add
			Remove

. If amending any other information, ento	er change(s) here: (Attach additional sheets, if necessary.)
	
April 25,	2013
-	a member or authorized representative of a member
Mitchell Perlstein	
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE

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