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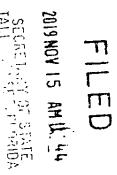
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Email: info@CorpNet.com





November 7, 2019

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

RE: Leniolabs LLC

To whom it may concern:

The Enclosed Articles of Amendment and Fee(s) are submitted for filing. Also, please find enclosed a check for state filing fees in the amount of \$35.00 made payable to the FL Dept of State. For information to this filing at the undersigned.

Thank you in advance and please return all correspondence in regards to this filing using the pre addresses stamped envelope included.

Sincerely,

Amanda J. Beren, Document Processor CorpNet, Incorporated 888-449-2638 Ext. 105 filings@corpnet.com



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Leniolabs LLC				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L13000057502	were filed on and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	7901 4TH ST N STE 300			
(Principal office address MUST BE A STREET ADDRESS)	DRESS) ST PETERSBURG, FL 33702			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	20 9 NOV			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the firme of the n			
Name of New Registered Agent:	, <u>, , , , , , , , , , , , , , , , , , </u>			
New Registered Office Address:	Enter Florida street address			
	, Florida			
New Registered Agent's Signature, if changing Registered Agent:	con,			

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
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ffective date, if other than the dan effective date is listed, the date must be ote: If the date inserted in this block occument's effective date on the Dep	k does not mee	et the applica	o date of tiling of ble statutory f	or more than 90 c iling requireme	_ (optional) lays after filing.) P ents, this date wi	ursuant to 605.0207 Il not be listed as
e record specifies a delayed The 90th day after the reco		te, but not	an effectiv	e time, at 1	2:01 a.m. or	a the earlier of
September 26		2019	 '			
Martin Capilette)		the state of the s	tion at a mark a		
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Filing Fee: \$25.00