

8/23/2017

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L130001852

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

From: Account Name : SERBER & ASSOCIATES, P.A.
 Account Number : T20000000083
 Phone : (305)932-6262
 Fax Number : (305)933-9393

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

Email Address: info@serberlawfirm.com

2017 AUG 23 PM 4:20
 STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

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 AUG 23 PM 4:18

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 ALB/LAB LLC**

Certificate of Status	0
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Corporate Filing Menu

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D SCOTT

AUG 24 2017

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ALB/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 08/15/2013 and assigned Florida document number L13000115652

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: 2875 NE 191st Street, Suite 801
(Principal office address MUST BE A STREET ADDRESS) Aventura, FL 33180

Enter new mailing address, if applicable: 2875 NE 191st Street, Suite 801
(Mailing address MAY BE A POST OFFICE BOX) Aventura, FL 33180

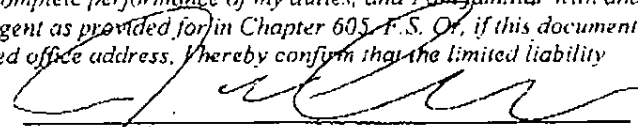
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Serber & Associates, P.A.

New Registered Office Address: 2875 NE 191st Street, Suite 801
Enter Florida street address
Aventura, Florida 33180
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>	<u>Address</u>	<u>Type of Action</u>
MGRM	LIMARDO, ALDO J	20815 NE 16 AVE, B23	<input type="checkbox"/> Add
		MIAMI, FL 33179	<input checked="" type="checkbox"/> Remove
MGR	Alexandre Henrique Trasmonte	2875 NE 191 STREET SUITE 801	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

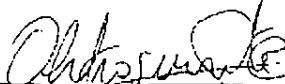
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
 (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 23 2017



Signature of a member or authorized representative of a member

Alexandre Henrique Trasmonte

Typed or printed name of signee

FILED
 08/23/2017