# 113000144877

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#### COVER LETTER

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).= TO:	Registration Section Division of Corporations	; , , · · ·	•	and the second s	*4.	<b>'</b> E.
SUBJE	ECT:		ABATORII	ES LLC	=	
The en	closed Articles of Amendme	ent and fee(s) are sub	mitted for filing.			
Please	return all correspondence co	ncerning this matter	to the following:			
			11ton Smit			
		De	2Stination Firm/Company	Hope, 7	EDC.	
		6555	NW 94h Address	Ave, Su	ute 11	2
		F.	Address  +. Lavdera  City/State and Zip Code	dale, FL3	33 <i>30</i>	9
	<del></del>	E-mail address: (	City/State and Zip Code  (to be used for future annual r	inationho eport notification)	pe.ne	2-}-
For fur	rther information concerning					
	Name of Person	Katz	at ( <u>973</u> ) Area Code	886 94  Daytime Telephone Nur	92 nber	
	sed is a check for the following					
<b>LY</b> \$2	25.00 Filing Fee □ \$30	.00 Filing Fee &	□ \$55.00 Filing Fee &	: □ \$60.00	Filing Fee,	

#### **MAILING ADDRESS:**

Certificate of Status

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

#### STREET/COURIER ADDRESS:

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

## TO ARTICLES OF ORGANIZATION OF

DH LABATORIES	5 LLC
( <u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.)  bility Company)
he Articles of Organization for this Limited Liability Company we lorida document number <u>L130001448.77</u> .	ere filed on $\frac{10/15/13}{}$ and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
OH LABORATORIES	LLC
he new name must be distinguishable and end with the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	50
<u>-</u>	등 <b>ज</b>
	R H
nter new mailing address, if applicable:	6 r
Mailing address MAY BE A POST OFFICE BOX)	
-	
•	7
3. If amending the registered agent and/or registered office	ce address on our records, enter the name of the no
egistered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
<del>-</del> · · · · <del>- · · · · · · · · · · · · · · </del>	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 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

### <u>Authorized Member being added or removed from our records:</u>

MGR = ManagerAMBR = Authorized Member <u>Address</u> **Type of Action** <u>Title</u> <u>Name</u> \_□ Add ☐ Remove □ Add ☐ Remove □ Add \_□ Remove □ Add ☐ Remove □ Add \_\_ 
Remove \_□ Add \_□ Remove

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ffectiv	we date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)  March 31, 2015.

Page 3 of 3

Filing Fee: \$25.00