L13000149303

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
·	-	





000298810260

05/08/17--01036--006 **25.00

SECRETARY OF STATE ALLAHASSEE, FLORID

FILED

S Warren MAY 1 0 2017

COVER LETTER

	gistration Sec ision of Corp			
CLID ITCOT.		BE LABORATORIES, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
		1		
The enclose	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	dence concerning this matter	to the following:	
		Kristine Polo		
			Name of Person	
		Smyth & Hauck, PA		•
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		631 U.S HWY 1 6	Ste 411	
		,	Address	
		North Palm Beach, FL 334	08	
		Irriatin a Como white walcome and	City/State and Zip Code	
		kristine@smythhauckepa.co	om to be used for future annual report notic	(ication)
For further is	nformation co	ncerning this matter, please ca		,
Eugene Sull	ivan		908 432-9705 at (
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is	check for the	following amount:		
□ \$25.00 F	iling 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

LIVING TREE LABORATORIES			
(Name of the Limit	ted Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited L Florida document number £13000149303	iability Company were	filed on 10/23/2013	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability c	ompany here:	•
The new name must be distinguishable and contain the v	vords "Limited Liability Con	npany," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	,	<u>: 3</u>
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BEA POST OFFICE)	<i>BOX</i>)		PM 1: 29 SEE, FLORIDA
B. If amending the registered agent and registered agent and/or the new registered or		iddress on our records, <u>er</u>	ater the name of the nev
Name of New Registered Agent:	Smyth & Hauck	KRISTINE	Pous
New Registered Office Address:	631 US-1 SH	Enter Florida street address	
	North Palm Beach	, Florid	a 33408
	C	lity	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 Now 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

Title	<u>Name</u>	Address	Type of Action
MGR	Moshe Dunoff	11370 Twelve Oaks Way Unit 312	
		North Palm Beach, FL 33408	■ Remove
		•	Change
AMBR	Eugene Sullivan	4574 Capital Drive	≅ Add
		Lake Worth, FL 33463	□ Remove
			Change
			D Add
		National Action Control of the Advisory of the	Remove
			☐ Change
·			Add
			☐ Remove
	,	•	Change
			Add
I			□ Remove
	•		Change
			
			FILE D
			OF Chatta

Pij .

	 	· · · · · · · · · · · · · · · · · · ·		
Effective date, (If an effective date Note: If the date				

Filing Fee: \$25.00