Division of Corporations
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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: ADVANCED RECOVERY SYSTEMS, LLC

Account Number : I20140000088

: (754)300-3120

Phone Fax Number

: (888)919-4431

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

Email Address: BSURVSON & ADVANCEDRECOVERYSYSTEMS.

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LABSENSE, LLC

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Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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## **COVER LETTER**

TO: Registration Se Division of Con				
Labsense,				
Name of Limited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.			
Please return all correspond	ondence concerning this matter to the following:			
	Belina Surujon			
	Name of Person			
	Advanced Recovery Systems, LLC			
	Firm/Company			
	100 SE 3rd Avenue; Suite 1101			
	Address			
	Ft. I.auderdale, Florida 33394			
	City/State and Zip Code			
	Bsurujon@advancedrecoverysystems.com  E-mail address: (to be used for future annual report notification)			
For further information of	concerning this matter, please call:			
Belina Surujon	754 300-3120: Ext 4000			
Name o	of Person Area Code Daytime Telephone Number			
Enclosed is a check for t	the following amount:			
□ \$25.00 Fiting Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed) 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

		Florida
New Registered Office Address:	Enter Florida street add	ress
Name of New Registered Agent:		<u> </u>
		9: 0 STAT LORI
B. If amending the registered agent and/or registered agent and/or the new registered office	r registered office address on our recor <u>ce address here</u> :	T)
		38 <b>8</b>
		25 N
(Mailing address MAY BE A POST OFFICE BO	ox)	S S
Enter new mailing address, if applicable:		Por -
(Principal office address MUST BE A STREET	'ADDRESS)	
Enter new principal offices address, if applicat	ble:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
PBSRE, LLC	and many company nerv.	
A. If amending name, enter the new name of t	_	
This amendment is submitted to amend the follow	ving:	
Florida document number L14000097856	•	
The Articles of Organization for this Limited Liability Company were filed on June 19, 2014		and assigned
(A	I Lizbility Company as it now appears on our reco A Florida Limited Liability Company)	
	I LIBOUILY Company as it now appears on our rem	oras.)

#### 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

MGR = Manager

AMBR = Authorized Member

\_□ Change

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
			□ Add
			☐ Remove
			Change
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o:	Page 7 of 7	2015-09-25 21 <sup>-</sup> 24:42 (GMT)	18889194431	From:	-
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	E. Effective (If an effective Note: 1	(optionally date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after if the date inserted in this block does not meet the applicable statutory filing requirements, this intis effective date on the Department of State's records.	iling.) Pursuant t	o 605.02 : listed	207 (3)(b) as the
	(b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a. 90th day after the record is filed.	m. on the e	arlier	of:
	Dated 5	eptember 25, 2015			
		Machine of a prember of authorized representative of a member	and the second s		
		Mitchell Eisenber, Manager			

Page 3 of 3

Typed or printed name of signee.

Filing Fee: \$25.00

### **FAX COVER SHEET**

ТО		
COMPANY		
FAXNUMBER	18506176383	
FROM	Belina Surujon	
DATE	2015-09-25 21:24:15 GMT	<u> </u>
RE	Labsense, LLC	

#### **COVER MESSAGE**

Belina Surujon, FRP FloridaRegisteredParalegal Advanced Recovery Systems, LLC 100 S.E. Third Ave., Suite 1101 Fort Lauderdale, FL 33394

Phone: (754) 300-3120 Ext. 4000

Fax: (888) 919-4431

BSurujon@advanced recovery systems. com < mail to: BSurujon@advanced recovery system

s.com>

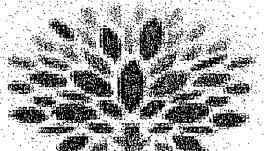
[cid:image001.jpg@01D03B0A.72ADF820]

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2015-09-25 21:24:42 (GMT)

18889194431 From: Belina Surujon



# ADVANCED RECOVERY