

L14000097856

Florida Department of State
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
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Fax Number : (888)919-4431

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Email Address: BSURUJON@ADVANCEDRECOVERYSYSTEMS.COM

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

Certificate of Status	0
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Labsense, I.L.C

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence 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. Lauderdale, Florida 33394

City/State and Zip Code

Bsurujon@advancedrecoverysystems.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Belina Surujon

754

300-3120; Ext. 4000

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

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\$55.00 Filing Fee &
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\$60.00 Filing Fee,
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(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

Labsense, 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 June 19, 2014 and assigned Florida document number L14000097856

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PBSRE, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

New Registered Office Address:

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

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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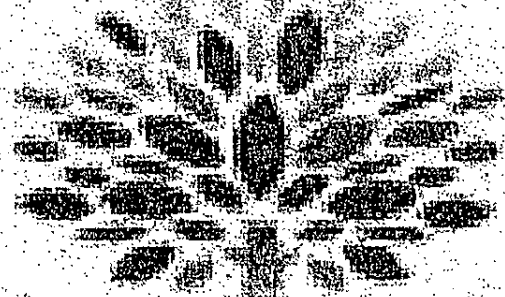
FAX COVER SHEET

TO	
COMPANY	
FAXNUMBER	18506176383
FROM	Belina Surujon
DATE	2015-09-25 21:24:15 GMT
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
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