114000162384

(Red	questor's Name)	·
(Add	dress)	
(Ada	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nai	me)
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO;	Registration Se- Division of Cor	ction porations		
SUBJI	ZX LABS	LLC		
3000		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		C	ARLOS GONZALEZ	
			Name of Person	
			Firm/Company	
		1747	RODMAN ST STE 205	
			Address	
		HO	LLYWOOD, FL 33020	
	1		City/State and Zip Code	
			AXHELP@GMAIL.COM to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	·	•••••
CAR	LOS GONZAL	EZ	954 632-1272	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
\$23	5.00 Filing 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

ZX LABS LLC				
(Name of the Lim	ted Liability Comp (A Florida Limited	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited I Florida document number <u>L14000162384</u>	iability Company	were filed on Oc	tober 17, 2014	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name o	of the limited liab	oility company her	<u>·e</u> :	
ULTRA ZX LABS LLC				
The new name must be distinguishable and end with the	words "Limited Lia	bility Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		OCT 23 PM L: 2
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>enter</u>	D. 11.
Name of New Registered Agent:	N/A			
New Registered Office Address:				
		Enter Florid	da 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 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A	N/A	
			Remove
			Add
			Remove
			A SE Remove
			OCTED PH L: 25 CREWRY OF STATE LAHASSEE, FLORIDA
			☐ Remove
			Add
			Remove
			□ Remove

E. Effective date, if other than the date of filing: (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 October 20 2014 Signature of a member or authorized representative of a member Silvia Quinonez Typed or printed name of signee		N/A			
(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 October 20 Signature of a member or authorized representative of a member Silvia Quinonez Typed or printed name of signee					
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Silvia Quinonez Typed or printed name of signee	Date	October 20 . 2014 .			
Typed or printed name of signee		Signature of a member or authorized/representative of a member			
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Filing Fee: \$25.00