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DEC 22 2017



December 5, 2017

ELIZABETH AVILES 7805 SW 6TH COURT PLANTATION, FL 33324

SUBJECT: PJL LABS, LLC Ref. Number: L14000190925

We have received your document for PJL LABS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 217A00024515

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

www.sunbiz.org

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### **COVER LETTER**

TO: Registration So Division of Cor			•
SUBJECT:	PJL LABS, LLG		
SUBJECT.	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Elizabeth Aviles	
		Name of Person	<del></del>
		Samuel D. Navon, P.A.	
		Firm/Company	<del></del>
		7805 SW 6th Court	
		Address	<del></del>
·		Plantation, FL 33324	
		City/State and Zip Code	
	F-mail address: t	eaviles@navonlaw.com to be used for future annual report notif	iestion)
For further information c	oncerning this matter, please c		(Calving)
Elizabeth Avil	es	at ( 954 ) 380-8848	
Name o	d'Person		: Telephone Number
Enclosed is a check for the	he following amount:		
血器≥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)
<b>31</b> 411	IVC AMADECC.	STDPPT//ALIDE	Ph 4 NADESS.

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

PJL LABS, L	LC	
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L14000190925</u>	ility Company were filed onDecember 15, 2014	and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
HVOOSA JLG XXKKRBKKKKHKKKH	ERY HOLDINGS, LLC	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:	_, <u></u>	
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic  Name of New Registered Agent:  New Registered Office Address:	registered office address on our records, enter e address here:  Enter Florida street address , Florida	FILED  17 DEC 21 M S S  SEGRETARY OF STAT  MALLAHASSEE FLORI
•	City	Zip Code O)

### 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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			Change.

Effective date, if other than the date of filing:	If amending any o	ther information	n, enter change(s) here	e: (Attach additional s	sheets, if necessary	!)	
Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  Note: If the date inserted in this block does not need the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.  Dated November 30 2017  Signature of a frequency fauthorized representative of a member  Paul J. Leight, Nobeleging Microbion Manager 32 50 10 10 10 10 10 10 10 10 10 10 10 10 10						<del></del>	
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Dated November 36 2017  Signature of a member authorized representative of a member Paul J. Leight, Manager Manager	Note: If the date ins	serted in this block	does not meet the applica	able statutory filing requ	(optional) on 90 days after filing.) direments, this date	Pursuant to 605.02 will not be listed a	07 - as 1
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Filing Fee: \$25.00

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PJL LABS, 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 December 15, 2014 and assigned Florida document number  $\_1.14000190925$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NKXKXXXXXXXX PJL RECOVERY HOLDINGS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," 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) 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Circ

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida \_

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00