

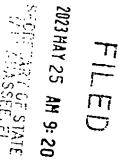
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	·)
(Do	cument Number)	
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COVER LETTER

Division of	Corporations		
Latch I SUBJECT:	Lab LL.C		
	Name of Lin	sited Liability Company	
m			
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	Geraldsam Joseph		
	 	Name of Person	
	Latch Lab LLC		
		Firm/Company	
	12650 NE 1st Ave		
		Address	
	North Miami, FL 33161		
		City/State and Zip Code	
	info@partnerhouse.com		
	E-mail address: (to be used for future annual report noti	lication)
For further informati	on concerning this matter, please o	all;	
Geraldsam Joseph		323 747-3771 at ()	
Na	me of Person		e Telephone Number
Enclosed is a check f	for the following amount:		
☐ \$25.00 Filing Fe	e	S55.00 Filing Fee & Certified Copy (additional capy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

Mailing Address: Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Latch Lab LLC		
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.)	
he Articles of Organization for this Limited Liability Company were fil	01/12/2015	and assigned
lorida document number		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability con	npany here:	
Partner Studios 1.1.C		
he new name must be distinguishable and contain the words "Limited Liability Comp		
Inter new principal offices address, if applicable:		2023 I
Principal office address MUST BE A STREET ADDRESS)	<u> </u>	HAY 2
	(0	-< 0, ,
nter new mailing address, if applicable:	Signal of the second of the se	of Si
Mailing address MAY BE A POST OFFICE BOX)	انت.	20
i. If amending the registered agent and/or registered office address gent and/or the new registered office address here:	on our records, enter the name	of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	7 (° .ds
Car	Florida	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>	Name	Address	Type of Action
			□Add
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			☐ Change
			∐Add
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Filing Fee: \$25.00