# 6/5000053788

(Re	questor's Name)	
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2015 NOV -9 PM 5: 49
SECRETARY OF STATE

K.SALY EXAMINER NOV 102015

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: T3K LABS LLC  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:
FRANK GONZALEZ  Name of Person
T3K LABS LLC Firm/Company
2919 SW 36 AVENUE  Address  MIANI, TV 33133  City/State and Zip Code
MLWI, FL 33133
T3KLABS @ GMAIL. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Frank Sowrator at (305) 912-9122  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Cartificate of Status  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

ARTICLES OF	ORGANIZATION E.
	ORGANIZATION  OF  20/5 NOV -9 PM 5: 49  ILiability Company)
	ZUIS NOV - S
	5 UC PM 5:10
(A Florida Limited (A Florida Limited)	Liability Company)
(Name of the Limited Liability Companies (A Florida Limited)  The Articles of Organization for this Limited Liability Companies	3/16/19 FLORITE
The Articles of Organization for this Limited Liability Compan	y were filed on and assigned was
Florida document number <u>L15000053788</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liah	nility Company " the designation "LLC" or the abbreviation "LLC"
	•
Enter new principal offices address, if applicable:	2919 SW 36 AVENUE
(Principal office address MUST BE A STREET ADDRESS)	
	MIAMI, FL 33133
	7010 SW 75 AVELONE
Enter new mailing address, if applicable:	2919 3W 36 AVENUE
(Mailing address MAY BE A POST OFFICE BOX)	
	2919 SW 36 AVENUE MIAMI, FL 33/33
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 he	
Name of New Registered Agent:	
New Registered Office Address: 2	919 SW 3G AUENUE  Enter Florida street address  11(AM) Florida 33/33  City Zin Code
<i>A</i>	11AMÍ Florido 33133
	City Zin 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 = M $AMBR = A$	anager uthorized Member		FILED	
<u>Title</u>	<u>Name</u>	Address	FILED  2015 NOV -9 PM 5: 50  FALLAHASSEE, FLORIDA	Type of Action
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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 605.020
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	Signature of a member	or authorized repr	erentative of a me	nber	

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Filing Fee: \$25.00