L15000085863

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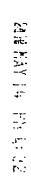
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COVER LETTER

TO: Registration So Division of Cor				
	oratories, LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		,
	Michael Katz			
	MJK Ultra, LLC	Name of Person		
		Firm/Company	 	
	PO Box 650			
	Mendocino, CA 95460	Address		
	michael@evoxelabs.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report notif	fication)	
For further information of	concerning this matter, please ca	ill:		
Michael Katz		310 433-9353 at ()		
Name o	of Person	Area Code Daytimo	e Telephone Number	_
Enclosed is a check for t	he following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Copy radditional copy	r Status & REC
Regist Divisi P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co.	n ations	EIVED

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Evoxe Laboratories, 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 _____ and assigned Florida document number _____L15000085863 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MJK Ultra, 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: (Muiling 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: CT Corporation System Name of New Registered Agent: 1200 South Pine Island Road New Registered Office Address: Enter Florida street address , Florida 33324 Zip Code Plantation

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.

Candide Prakaw Candide Pignataro, Asst. Secretary

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:

. . .

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	May 6, 201			
Effective date, if other than the If an effective date is listed, the date mus	date of filing;st be specific and cannot be prior	r to date of filing or more	(optional) han 90 days after filing.) Pursuant t	o 605.0207
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applic	able statutory filing re-	quirements, this date will not be	e listed as
document serietive time on the De	epartment of State's records	•		
ne record specifies a delayed	d effective date, but no	nt an effective time	at 12:01 am on the e	arlier of
The 90th day after the reco	ord is filed.	re arr erreceive erric	., at 12.01 a.m. on the c	diner or
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March 26 Dated		<u></u> .		
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Micha	~ ~ ~ ~ ~			
	•	on and representative of a	member	_
	Signature of a member or auth	orized representative of a	member	_

Page 3 of 3

Filing Fee: \$25.00