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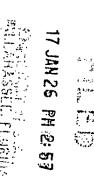
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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: Neolo	Tic Labs LLC	ited Liability Company	
	Name of Enn	ned Liamity Company	
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Jesse	40ffman	
		Name of Person	
	Neologic La	65 LIC Firm/Company	
	•	Firm/Company	
	471 NW 8	7th Ter. #204 Address	
		Address	
	Plantation Fl	City/State and Zip Code	
	- 61-	City/State and Zip Code	
-	E-mail address: (1	labs.com. to be used for future annual report notific	ation)
For further information conc			
Jesse Hoffm	4~	at (954) 734 - 090 Area Code Daytime 1	13
Name of Pe	rson	Area Code Daytime T	Telephone Number
Erclosed is a check for the fo	ollowing amount:		
\$25.00 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

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

Neologic Labs	LIC		
(<u>Nâme of the Limite</u>	ed Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Lia	ability Company were filed on <u>Jul</u>	6, 2015 and a	ssigned
Florida document number <u>L1500011572</u>	8	,	
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company here:		
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the design	ation "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE)	T ADDRESS)		<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u></u>	17 J	*****
B. If amending the registered agent and/orthe new registered off		- T	of the new
Name of New Registered Agent:	Jesse Hoffman		Annia de la companya
New Registered Office Address:	471 NW 871 Ter Enter Florida si	treet address	
	Plantation	, Florida 33324	
	City	Zip Code	2

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMER	- Jesse Hoffman	471 NW82th Ter# 204 Plantation, FL 33324	🗹 Add
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			□ Change
	christy thornton	471 NW 87th Ter#20+	□ Add
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Filing Fee: \$25.00