

L15000182650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

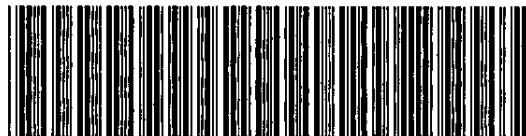
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900281059649

01/19/16--01033--004 **25.00

FILED
16 JAN 19 PM 2:46
TALLAHASSEE, FLORIDA

JAN 21 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPOT ON 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:

Michael Alleva

Name of Person

Spot On Labs, LLC

Firm/Company

6295 West Sample Road PO Box 8734

Address

Coral Springs, FL 33067

City/State and Zip Code

michaelalleval@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Alleva

561 573-6051
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following 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
(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
OF**

(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 10/27/2015 and assigned
Florida document number L15000182650.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

Spot On Labs, LLC

11350 SW Village Parkway, Suite 320

Port St. Lucie, FL 34987

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Spot On Labs, LLC

6295 West Sample Road PO Box 8734

Coral Springs, FL 33067

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:

Michael Alleva

New Registered Office Address:

11350 S.W. Village Parkway, Suite 320

Enter Florida street address

Port St. Lucie

City

, Florida 34987

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
16 JUN 19 PM 2:46
CLARK COUNTY FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

1. Changing Principle address:

From: 9806 Royal Palm Blvd, Coral Springs FL, 33065

To: 11350 S.W. Village Parkway, Suite 320, Port St. Lucie FL 349 87

2. Change to Registered Agent:

From: Paul Alleva, 6773 Boniello Drive, Boca Raton, FL 33496

To: Michael Alleva, 11350 S.W Village Parkway, Suite 320, Port St. Lucie, FL 34987

FILED
15 JAN 19 PM 2:46
CLERK OF DISTRICT COURT
PORT ST. LUCIE, FL 34987

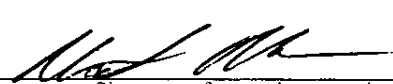
E. Effective date, if other than the date of filing: _____ (optional)

(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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated January 14, 2016



Signature of a member or authorized representative of a member

Michael Alleva

Typed or printed name of signee