L15000201464

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COVER LETTER

	Registration So Division of Co			
CUD IE		b Sevices LLC		
SUBJEC	-1; <u> </u>	Name of Lim	ited Liability Company	<u> </u>
The encl	osed Anicles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Hakan Urensel		
		Atlantic Lab Services LLC	Name of Person	
		1395 NW 17th Ave Suite#	Firm/Company	
		Delray Beach, FL 33445	Address	
		info@atlabservices.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For furth	er information o	concerning this matter, please ea	all:	
Hakan U	rensel		561 573-5636	
	Name o	f Person		e Telephone Number
Enclosed	is a check for t	he following amount:		
\$25.0	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:

TO:

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**

Atlantic Lab Sevices LLC (Name of the Limited Liability Company as it now appears on our records.)

	(A Florida Limited L	iability Company)			
The Articles of Organization for this Limited Lie Florida document number <u>L15000201464</u>	ability Company	were filed on 12/02/2015	and assigned		
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liabi	lity company here:			
Atlantic Lab Services LLC					
The new name must be distinguishable and contain the we	ords "Limited Liabili	ty Company," the designation "L	.LC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applica	able:	1395 NW 17th Ave Suite#			
(Principal office address MUST BE A STREE	T ADDRESS)	Delray Beach, FL 33445	- 6		
			58 盖卫		
Enter new mailing address, if applicable:		1395 NW 17th Ave Suite 10	20 E		
		Delrav Beach, FL 33445	20 =		
(Mailing address MAY BE A POST OFFICE)	<u>80x)</u>		3 5		
B. If amending the registered agent and/or registered agent and/or the new registered of			rds, enter the name of the nev		
Name of New Registered Agent:					
New Registered Office Address:	1395 NW 17th A				
		Enter Florida street add	lress		
Delray		······································	Florida <u>33445</u>		
		City	Zip Code		
New Registered Agent's Signature, if changing R	egistered Agent:				
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this of	er and complete p stered agent as p registered office o	performance of my duties, rovided for in Chapter 60	and I am familiar with and 5, F.S. Or, if this document is		

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>	Address	Type of Action
MGR	Berkmen Kosker, Yelda		□ Add
		1395 NW 17th Ave Suite 104	L Add
		Delray Beach, FL 33445	Remove
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			Remove
			Change
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			STAN CO
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01/05/2019 tive date, if other than the date of filing:		(optional)		
ffective date is listed, the date must be specific and cannot be prior to If the date inserted in this block does not meet the application.	o date of filing or	nore than 90 days	after filing.) P		
nent's effective date on the Department of State's records.				.,	
		Name of 12.	04		
cord specifies a delayed effective date, but not e 90th day after the record is filed.	an effective	time, at 12:	or a.m. or	tne	eariie
M 125					
March 25 . 2019					
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Filing Fee: \$25.00