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COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT:	PROTEUS V Name of Limi	R LABS LLC ited Liability Company	·
The enclosed Articles of Ame	endment and fee(s) are subr	nitted for filing.	
Please return all corresponde	nce concerning this matter t	to the following:	
	ANDA	REW BRODY Name of Person	
•		Name of Person O	
	CANNER,	BRODY & VAN	LLC
		,	
	5979 N	1. W. 151 STRE	ET SIE 109
		Address	•
	miAmi	LAKES FL 3.	3014
•		City/State and Zip Code	
	asbefa	CAKES FL 3. City/State and Zip Code Coa of mam to be used for future annual report noti	i.eom
•	E-mail address: (f	to be used for future annual report noti	fication)
For further information conc	erning this matter, please ca	ıll:	
ANDREW	BR004	at (305) 231-	2150
Name of Po	rson o	at (305) 231- Area Code Daytim	Telephone Number
Enclosed is a check for the fo	ollowing amount:		
□ \$25.00 Filing Fee □	330.00 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

PROTEUS VR LABS I (Name of the Limited Liability C (A Florida Lir	. LC Company as it now appear nited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Com	pany were filed on	2/3/16	and assigned
Florida document number <u>1.16000023464</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company he	e <u>re</u> :	
N/A			
N/A The new name must be distinguishable and contain the words "Limited			breviation "L.L.C."
Enter new principal offices address, if applicable:	C/O ANDREW _CANNER, BR	BRODY ODY & YAN, LLC	
(Principal office address MUST BE A STREET ADDRES	<u>(S) _5979 NW 15</u>	1 STREET, SUITE	109 👼
	MIAMI LAKE	S. FL 33014	<u> </u>
Enter new mailing address, if applicable:	C/O ANDREW		1 H.L.
• • • • • • • • • • • • • • • • • • • •	_	ODY & YAN, LLC	
(Mailing address MAY BE A POST OFFICE BOX)	_5979_NW 15	1 STREET, SUITE	109
	_MIAMI_LAKE	S, FL 33014	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:	ed office address on s here: ANDREW BRODY	our records, enter	the name of the ne
New Registered Office Address: 56	779 NW 151 STREET	SUITE 109	
	Enter Flor	ida street address	
	IAMI LAKES	, Florida <u> 3</u>	3014
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent's	gent:		
I hereby accept the appointment as registered agent and			

Thereby 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:

AMBR = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			Change
			□ Remove
			Change
<u> </u>			□ Add
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If the date inserted in this b	e date of filing: st be specific and cannot be prior to lock does not meet the applica bepartment of State's records.	ible statutory filing require	(optional) 0 days after filing.) Pursuant to 605 ments, this date will not be liste
cord specifies a delaye e 90th day after the rec		: an effective time, at	12:01 a.m. on the earlie
9/12/2016	, Hoogw	oy.D	
		\sim	ASSESSED FIGURE

Page 3 of 3

Filing Fee: \$25.00