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(R	equestor's Name)) .	
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(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:			
PICK-UP	☐ WAIT	MAIL	
(B	usiness Entity Na	me)	
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Office Use Only



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FILING CANCELLED RETURNED CHECK



COVER LETTER

	gistration Sect ision of Corpo			
SUBJECT.	JB Lab Soluti	on, LLC		
SUBJECT:		Name of Limit	ted Liability Company	 -
The enclosed	d Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return	all correspond	tence concerning this matter t	o the following:	
		Vladislav Yampolksy		
		***************************************	Name of Person	
		JB Lab Solution, LLC		
			Firm/Company	***************************************
		2101 NW Corporate Blvd.	Suite 101	
			Address	1.41 = F
		Boca Raton, FL 33431		
			City/State and Zip Code	
		alexj@ecjusa.com		
		E-mail address: (t	o be used for future annual report notif	ication)
For further i	nformation cor	ncerning this matter, please ca	dl:	
Vladislav Y	ampolsky		561 314 3956 at ()	
	Name of I	Person	Area Code Daytime	e 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

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

FILING CANCELLED RETURNED CHECK

JB Lab Solution, 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 Li	iability Company were filed on $\frac{04/07/201}{1}$	6	and	l assigned
Florida document number L16000069183	·			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liability company here:			
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designati	on "LLC" or the	e abbreviation	n "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	11.00		
B. If amending the registered agent and registered agent and/or the new registered of	ffice address here:	records, <u>ent</u>	er the na	me of the new
Name of New Registered Agent:	Vladislav Yampolsky		<u> </u>	-
New Registered Office Address:	2101 N W Corporate Blvd, Suite 101		생각	3
	Enter Florida stre	et address		
	Boca Raton	, Florida	33431	<u> </u>
	City		≘ = Zip €	Dele

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= N AMBR= A	Aanager Authorized Member		NG CANCELLED URNED CHECK	
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Filing Fee: \$25.00