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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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SEGRETARY OF STATE

COVER LETTER

TO: Registrati Division	Section Corporations	
Cord SUBJECT:	a Labs LLC	
SOBJECT.	Name of Limited Liability Company	
The enclosed Artic	of Amendment and fee(s) are submitted for filing.	
Please return all co	spondence concerning this matter to the following:	
	Andi Graham	
	Name of Person	
	Cordelia Labs LLC	
	Firm/Company	55 U
	Address St Petersburg, FL 33701 City/State and Zip Code andi@bigseadesign.com	
	Address	(3)
	St Petersburg, FL 33701	LAMASSEC, TECHNIC
	City/State and Zip Code	
	andi@bigseadesign.com E-mail address: (to be used for future annual report notification)	
For further inform	on concerning this matter, please call:	
Andi Graham	727 386 8031	
	at () ne of Person Area Code Daytime Telephone Number	
Enclosed is a chec	or the following amount:	
■ \$25.00 Filing	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	ALLING ADDRESS: STREET/COURIER ADDRESS: gistration Section Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Cordelia Labs LLC			
(Name of the Lim	ited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited I	Liability Company were f	iled on 10/11/2016	and assigned
Florida document number L16000187658	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability co	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		3 PS:
(Principal office address MUST BE A STRE	ET ADDRESS)		
	<u></u>		<u> </u>
Enter new mailing address, if applicable:			2 7 7 7
(Mailing address MAY BE A POST OFFICE			<u> </u>
			TALL AND SEE, FLORIDA TO OCT 31 PM 5: 03
B. If amending the registered agent and registered agent and/or the new registered of		ddress on our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:	Big Sea, Inc	···	
New Registered Office Address:	646 2nd Ave South		
		Enter Florida street address	
	St Petersburg	, Florida	
	Cit	y	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

CEO of Big Sea Inc.

Page 1 of 3

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>	Type of Action
MGR	Joe Hamilton	646 2nd Ave S	≅ Add
		St Petersburg, FL 33701	Remove
			Change
MGR	Dzuy Nguyen	646 2nd Ave S	■ Add
		St Petersburg, FL 33701	☐ Remove
			Change AHA
			Add PA Remove
			Remove
			Add
			Remove
			Change
			□ Add
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			□ Remove
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`an effec Note: If	e date, if other than the date of filing:
e reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
	Oth day after the record is filed.
The 9	October 28 2016
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Page 3 of 3

Filing Fee: \$25.00