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S. PRATHER

COVER LETTER

	istration Se ision of Cor			
SUBJECT:	HERE ÷ NO	OW AGENCY LLC		<i>*</i> .
		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Vanessa Abreu		
			Name of Person	
		HERE + NOW AGENCY	LLC	
			Firm/Company	
		85 NE 46 ST		
			Address	·
		Miami, FL 33137		
			City/State and Zip Code	
		vanessa@dropslab.us		
For further in	formation co	E-mail address: (oncerning this matter, please co	to be used for future annual report notif all:	ication)
Vanessa Abr	eu		305 951-8993 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25,00 Fi	iling 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**

HERE + NOW AGENCY LLC	
(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>(s.</u>)
F 1 10 201	7
The Articles of Organization for this Limited Liability Company were filed on February 10, 201	and assigned
Florida document number L17000032978	ω
This amendment is submitted to amend the following:	:
	-
A. If amending name, enter the new name of the limited liability company here:	į
DROPSLAB LLC	
DROPSLAB LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC	"" or the abbreviation "L,lz,C."
	.3
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
Planing dualess my ODE A FOST OF FICE DON	
B. If amending the registered agent and/or registered office address on our records	s, enter the name of the
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	
Enter Florida street addres	· S
. Flo	orida

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

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Christian Maier	85 NE 46 ST	■ Add
		Miami, FL 33137	□ Remove
		US	☐ Change
			□ Remove
			Change
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ective date, if other than the effective date is listed, the date mute: If the date inserted in this burnent's effective date on the D	st be specific and cannot be prior to lock does not meet the applicab	date of filing or more than le statutory filing requi	(optional) 90 days after filing.) Pursua rements, this date will no	unt to 605.020 of be listed a
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Filing Fee: \$25.00