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MAR 2 7 2019 S. YOUNG

COVER LETTER

TO: Registration S Division of Co			
	ABS LLC		
SUBJECT:	Name of Lim	ited Liability Company	.
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	John Bell		
		Name of Person	
	Cenit Labs LLC		
		Firm/Company	
	2500 SW 23rd St		
	<u></u>	Address	
	Miami, FL 33145		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	belljka@gmail.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
John Bell		786 323 7185	
Name	of Person	Area Code Daytimo	: 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:

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

CENIT LABS 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 Liability Company were filed on August 14, 2017 and assigned Florida document number L17000172916 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Diaz Horta, Oscar	1901 NW South River Drive #59 Miami, FL 33125	D Add
			_ ■ Remove
			Change
MGR	Bell, John	2500 SW 23rd Street Miami, FL 33145	Add
			Remove
			☐ Change
AMBR	Bell, Alexandra	1901 NW South River Drive #59 Miami, FL 33125	Add
			□ Remove
			☐ Change
		_	Add
			Remove
			Change
			Remove
			□ Change
			
			Remove
			Change

Effective date, if other than the date of filing:	
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The 90th day after the record is filed. March 13 2019	date will not be listed as
Dated,	.m. on the earlier of
·	
Signature of a member or authorized representative of a member	
John K.A. Bell	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00