

L17000 215104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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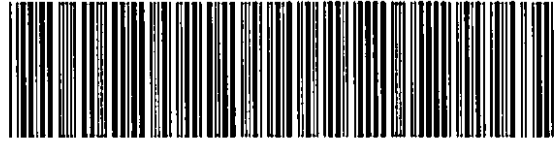
(Business Entity Name)

(Document Number)

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18 JUL -5 PM 3:49

SECRETARY OF STATE  
CLERK

K. SALY

JUL - 9 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Pronetik Labs LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Schindele

\_\_\_\_\_  
Name of Person

Pronetik Labs LLC

\_\_\_\_\_  
Firm/Company

3948 3rd Street S. #31

\_\_\_\_\_  
Address

Jacksonville Beach, FL 32250

\_\_\_\_\_  
City/State and Zip Code

Jessica@alternativebusinessservice.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Schindele

904

945-6950

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime 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  
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**

Pronetik Labs LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
18 JUL -5 PM 3:49  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on October 17, 2017 and assigned  
Florida document number L17000215104.

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:

Alternative Business & Notary Services LLC

New Registered Office Address:

6850 Plum Lake Lane East

Enter Florida street address

Jacksonville

City

, Florida 32222

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

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>	<u>Type of Action</u>
MGR	Patrick Scott	2330 Beach Blvd	<input type="checkbox"/> Add
		Jacksonville Beach, FL 32250	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jeff Montello	320 1st Street North, #912	<input type="checkbox"/> Add
		Jacksonville Beach, FL 32250	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Melissa Zingo	320 1st Street North, #912	<input checked="" type="checkbox"/> Add
		Jacksonville Beach, FL 32250	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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18

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 27 2018



Signature of a member or authorized representative of a member

Michael Schindele

Typed or printed name of signee