## L180000 17070

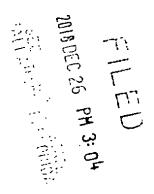
(Req	uestor's Name)	
MbbA)	ress)	
(Add	ress)	
(City)	/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	<u> </u>
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	·

Office Use Only



500322238075

12/26/18--01016--030 \*\*25.00



1 (anc (1)8

JAN 0 8 2019

I ALBRITTON

## COVER LETTER

CUDICT	TRACTRBI	EAM, LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	I Articles of a	Amendment and fee(s) are sub-	mitted for filing,	
Please return	all correspon	ndence concerning this matter	to the following:	
		LAURA CARINA CUTTE	ER	
		CUTTER TECHNOLOGIE	Name of Person ES, LLC	<del></del>
		208 S. AUDUBON AVE	Firm/Company	
		TAMPA, FL 33609	Address	
		CARINACUTTER@CUTT		
For further in	nformation co	e-mail address: (to oncerning this matter, please ca	to be used for future annual report notification.	cation)
CARINA CU	UTTER		813 767-7744 at ( )	
	Name of	Person		Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	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** 

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

2018 OF LED 25 PM 3:04

TRACTRBEAM, 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 C	Company were filed on $\frac{01/22/2018}{}$	and assigned
Florida document number L18000017070		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
PHASE 2 LABS, LLC		
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)	
	<del></del>	<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:		, enter the name of the new
New Registered Office Address:		·
	Enter Florida street address	
	, Flo	orida Zip Code
	·	Zip Code
New Registered Agent's Signature, if changing Registere	d Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered agbeing filed to merely reflect a change in the registered against the company has been paid at the company of this classes.	complete performance of my duties, an gent as provided for in Chapter 605, A	d I am familiar with and F.S. Or, if this document is
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>	Type of Action
	<del></del>		Add
			Remove
			Change
			Add
			□ Remove
			Change
<del></del>			
			Remove
			Change
<u>-</u>			Add
		<del> </del>	□ Remove
			Change
			□ Remove
			Change
			🗅 Add
			□ Remove
			□ Change

Effective	e date, if other than the date of filing:(optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.03
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
documen	it's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier Oth day after the record is filed.
) INC 3	oth day after the record is flied.
, D	EC 20 2018
Dated	
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00