L18000027393

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: ' Registration Division of	n Section Corporations		
LAB25	80 LLC		
SUBJECT:	Name of Lin	aited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	ALINE DARMOUNI		
		Name of Person	
	EXCU US ATRIUM		
	Firm/Company		
44 W FLAGLER ST - SUITE 2300			
	· <u></u>	Address	
	MIAMI FL 33130		
	office@excous.com	City/State and Zip Code	
	•	to be used for future annual report notif	ncation)
For further informatic	on concerning this matter, please c		
ALINE DARMOUN	I	305 600 405	
Nan	ne of Person	at () Area Code — Daytime	e Telephone Number
Enclosed is a check &	or the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
	Certificate of Status	Certified Copy tadditional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed
	ALING ADDRESS:	STREET/COURI	
Registration Section Division of Corporations		Registration Sectio Division of Corpor	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle	
Tal	lahassee, FL 32314	2661 Executive Ce	mer Circie

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAB2580 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 01/30/2018 ______ and assigned Florida document number L18000027393

This amendment is submitted to amend the following:

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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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)	8	Ξ.
	SE	1315
	P 24	12
Enter new mailing address, if applicable:	 <u>Þ</u>	
(Mailing address MAY BE A POST OFFICE BOX)	 ഷ ന	
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B. If amending the registered agent and/or registered office address on our records. <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent:	·	
New Registered Office Address:	Enier Florida street ado	tress
		FloridaZip 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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

.

Title	Name	Address	Type of Action
MGR	Lauren PATEAU	44 W FLAGLER ST - SUITE 2300 MIAMI FL-33130	🖬 Add
			Change
			O Add
			Remove
			Change
	<u> </u>		🗆 Add
			Remove
			Change
			🗌 Add
			🗖 Remove
			Change
			Add
			Remove
			Change
			D Add
			🗆 Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _ 2018 Signature of a member or authorized representative of a member)arman $\overline{\gamma}$ yped or printed name of

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Filing Fee: \$25.00