## L18000137800

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NOV ( 9 2018 K. Brumblev

, , , ,	צואום	ION OF CORPORATIONS		
TO: Registratic Division	On Section	COVER LETTER		
	Corporations	2D LLC - Nome niled Liability Company	change	A STANDARD
The enclosed Articles Please return all corre	s of Amendment and fee(s) are sub spondence concerning this matter	omitted for filing. to the following:		
	Veronica	Trolleruc Name of Person		
	430 9. Dig	Firm/Company Kie Huy, ste2 Address	······	÷
	<u>Coral</u> Ga <u>Veronikit</u>	bles, FL 3314 City/State and Zip Code aso Cicl. Com		
For further information	concerning this matter, please c			
Name (	of Person	at () Area Code Daytime 7	Telephone Number	
Enclosed is a check for t	he following amount:			
S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed).	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

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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

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ARTICLI - Infinity 2000	LES OF AMENDMENT TO ES OF ORGANIZATION OF	TALL ANY OF AN IO
(A Ho The Articles of Organization for this Limited Liabilit Florida document number $L 8000013^{-7}$ This amendment is submitted to amend the following A. If amending name, <u>enter the new name of the laboratory</u>	<u>18</u> 00 s	and assigned
The new name must be distinguishable and contain the words " Enter new principal offices address, if applicable: Principal office address MUST BE A STREET AL	·	the abbreviation "L.L.C."
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>	Q	
B. If amending the registered agent and/or r egistered agent and/or the new registered office	registered office address on our records, <u>address here</u> :	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	, Flo	rida Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

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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

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Title	Name	Address	-
C <u>.00</u>	Hrmando Achetti	430 S. Dixie Hwy, ste Conalgables, FL 33146	<u>Type of Action</u> L\\ <b>R</b> Add
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Attached are the form and instruction	ons to a	mend t	he 'Ar	ticle	s of	Ori	rganization of a Florida Limited Liability Company	y.

V limited liability company can amend us articles of organization by filing articles of amendment with the Division of Statutes, which is printed on the reverse side of this letter.

	information, enter change(s) here: (Attach additional sheets, if necessary.)	
<u> </u>		
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## E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_(optional) (If an effective 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 605.0207 (3)(b) <u>Note:</u> 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.

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\_ eria. Signature of a member mauthorized representative of a member ped or printed name of signee

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Filing Fee: \$25.00