

L19 000011850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

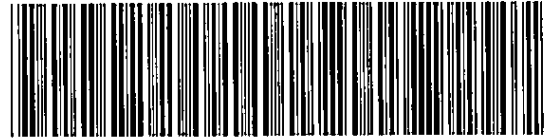
(Business Entity Name)

(Document Number)

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AUG 05 2019

2019 AUG -5 PM 12:11  
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Amend/cus

AUG 10 2019  
I ALBRITTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** AlteredLabsLicensing,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:

Dario Echeverry

Name of Person

Altered Labs, LLC

Firm/Company

3350NE 22ndTerrace#100

Address

PompanoBeach,Florida33069

City/State and Zip Code

echeverry.dario@gmail.com

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

For further information concerning this matter, please call:

Dario Echeverry

954

805-4664

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**

AlteredLabsLicensing,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 January 10, 2019 and assigned  
Florida document number L19000011850.

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:**

3350NE 22ndTerrace#100

**(Principal office address MUST BE A STREET ADDRESS)**

PompanoBeach,Florida33069

**Enter new mailing address, if applicable:**

3350NE 22ndTerrace#100

**(Mailing address MAY BE A POST OFFICE BOX)**

PompanoBeach,Florida33069

**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:

SweeneyLaw PA

New Registered Office Address:

401 E. Las Olas Blvd., Suite 1400

*Enter Florida street address*

Fort Lauderdale

Florida 33301

*City*

*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	AlteredLabs,LLC	3350 NE 22nd Terrace #100	<input checked="" type="checkbox"/> Add
		Pompano Beach, Florida 33069	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Aaron Parkinson	5300 Powerline Rd	<input type="checkbox"/> Add
		Fort Lauderdale, Florida 33309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

(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)

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.

Signature of a member

Dario Echeverry

Typed or printed name of signee