

Division of Corporations

L19000102484 320

Florida Department of State
Division of Corporations
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Fax Number : (850)617-6383

From:

Account Name : TRIPP SCOTT, P.A.
Account Number : 075350000065
Phone : (954)525-7500
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Email Address: mmm@trippscott.com

2019 MAR 27 AM 9:27

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LABAIT ENTERPRISES, LLC**

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MAR 28 2019

S. PRATHER

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H19000102484

LABAIT ENTERPRISES, 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 15, 2019Florida document number L19000016520

FILED
2019 MAR 27 PM 9:29
CLERK OF CIRCUIT COURT
JUDGE: JAMES E. FINE
JAMES E. FINE

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:

2733 NE 21st Court(Principal office address MUST BE A STREET ADDRESS)Fort Lauderdale, FL 33305

Enter new mailing address, if applicable:

2733 NE 21st Court(Mailing address MAY BE A POST OFFICE BOX)Fort Lauderdale, FL 33305**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:Christine P. Yates, Esq.New Registered Office Address:c/o Tripp Scott, P.A., 110 SE 6th Street, 15th FloorEnter Florida street addressFort Lauderdale, Florida 33301CityZip 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	Michel Vulfovich	2733 NE 21st Court Fort Lauderdale, FL 33305	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

D. 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)
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.

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 March 6 2019

Signature of a member or authorized representative of a member

Michel Vofford

Typed or printed name of signee

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Filing Fee: \$25.00

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2019 MAR 27 AM 9:27
TALLAHASSEE, FL

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