

L19000025358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

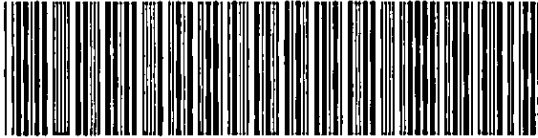
(Document Number)

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2019 MAR 13 PM 3:47

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C. GOLDEN

MAR 15 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NUBIOLAB 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:

JOSE FERNANDEZ

Name of Person

NUBIOLAB LLC

Firm/Company

17670 NW 78 AVENUE SUITE 208

Address

HALEAH, FL. 33015

City/State and Zip Code

BUSINESSACCTPROF@GMAIL.COM

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

For further information concerning this matter, please call:

JOSE FERNANDEZ

786 953-7449

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2019

JOSE FERNANDEZ
17670 NW 78 AVENUE
SUITE 208
HIALEAH, FL 33015

SUBJECT: NUBIOLAB LLC
Ref. Number: L19000025358

We have received your document for NUBIOLAB LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 319A00003741

RECEIVED
2019 MAR -7 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FL

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

FILED

2019 MAR 13 PM 3:47

NUBIOLAB LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

STATE
PALM HARBOR, FL

The Articles of Organization for this Limited Liability Company were filed on 01/24/2019 and assigned
Florida document number L19000025358.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

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

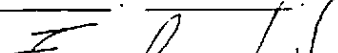
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ISABEL MOLERO	17670 NW 78 AVE, STE 208	<input checked="" type="checkbox"/> Add
		HAIALEAH, FL. 33015	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	JOSE FERNADEZ JR	17670 NW 78 AVE, STE 208	<input type="checkbox"/> Add
		HAIALEAH, FL. 33015	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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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 FEBRUARY 11 2019



Signature of a member or authorized representative of a member

JOSE FERNANDEZ

Typed or printed name of signee