L19000042811

(Requestor's Name)
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08/19/19--01026--003 **30.00

TICKETARY OF STATE

VUELVIEUX VOE S 6 2018

COVER LETTER

TO: Registration Sect Division of Corpo				
SANETRIS L	ABS LLC			
SUBJECT:	Name of Lim	ited Liability Company		
•	nendment and fee(s) are sub		FILING CAT DUE TO RE	NCELLED TURNED CHECK
	Michael Giannulis			
	SANETRIS LABS LLC	Name of Person		
	S1 Highland Rd	Firm/Company		
	Tarpon Springs FL 34689	Address		
	mikegiannulis@gmail.com	City/State and Zip Code	report notification)	
For further information con	cerning this matter, please ca		•	
Michael Giannulis		727 504 at ()	1-0524	
Name of P	crson	Area Code	Daytime Telephone N	Number
Enclosed is a check for the	following amount:			
S25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Ce	0.00 Filing Fee. ertificate of Status & ertified Copy Iditional 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

FILING CANCELLED DUE TO RETURNED CHECK

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

SANETRIS LABS LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on appreceded.) (A Florida Limited Liability Company) 2013 Rus | 9 | 1: 86

The Articles of Organization for this Limited I	Liability Company were	filed on 02/12/20 [9]	RETARY OF STATE Assigned AHASSEE, FLORIDA
Florida document number L19000042811			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability c	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Cor	mpany." the designation	"L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
			<u> </u>
B. If amending the registered agent and		address on our re	ecords, enter the name of the new
registered agent and/or the new registered of	office address here:		· ·
Name of New Registered Agent:	James Zolman		
	19046 BRUCE B. DO	WAS DI VD	
New Registered Office Address:	19040 BRUCE B. DO	Enter Florida street	
	Tampa Florido 33647		Florida ³³⁶⁴⁷ Zip Code
		ity	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register	ed agent and agree to a	act in this capacity	. I further agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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

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>	Address	Type of Action
MGR	Michael Giannulis	19046 BRUCE B DOWNS BLVD	-
		TAMPA, FL 33647	
			■ Remove
			☐ Change
MGR	James Zolman	19046 BRUCE B DOWNS BLVD	
		TAMPA, FL 33647	Add
	FILING CANCELLED		□ Remove
	DUE TO RETURNED CHECK	-	Change
			Remove
			Change
	<u> </u>		
			Remove
			Change
			□ Add
		□ Remove	
			☐ Change
			Add
			☐ Remove
			Change

	— FILING CANCELLED——————————————————————————————————
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Effect	tive date, if other than the date of filing: (optional)
Note:	Tective 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). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Datad	08/14/2019
Dated	08/14/2019
Dated	08/14/2019 Signature of a member or authorized representative of a member

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

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Filing Fee: \$25.00