# 119000042811

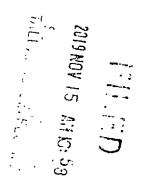
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# **COVER LETTER**

то:	Registration Se Division of Cor				
SUBJE		S LABS LLC			
SUBJE	CI	Name of Lim	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	cturn all correspo	ndence concerning this matter	to the following:		
		Michael Giannulis			
			Name of Person		
SANETRIS LABS LLC					
Firm/Company					
81 Highland Rd					
			Address		
Tarpon Springs FL 34689					
			City/State and Zip Code		
mikegiannulis@gmail.com					
		E-mail address: (I	to be used for future annual report notifi	cation)	
For furth	er information co	oncerning this matter, please ca	ill:		
Michael	Giannulis		727 504-0524		
	Name of	Person		Telephone Number	
Enclosed	l is a check for th	e following amount:			
□ \$25.0	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

SANETRIS LABS LLC				
(Name of the Limi	ted Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)	—	
he Articles of Organization for this Limited L	iability Company were filed on <u>(</u>	02/12/2019	and assign	ned
lorida document number L19000042811	·			
his amendment is submitted to amend the following	lowing:			
. If amending name, enter the new name of	of the limited liability company	<u>here</u> :		
he new name must be distinguishable and contain the	words "Limited Liability Company," the	edesignation "LLC" or the abb	reviation "L.L.C	<del></del> _
nter new principal offices address, if application	cable:			
Principal office address MUST BE A STREI				
	<del>- '</del>			
nter new mailing address, if applicable:		<u> </u>		
Mailing address MAY BE A POST <u>OFFICE</u>	(BOX)		, <u>1</u>	
				,,,,,
			<u></u>	<u></u>
. If amending the registered agent and		on our records, <u>enter t</u>	he name of	-the
egistered agent and/or the new registered o	ffice address here:	<del>-</del>	774 774	
		•	ည် ကို	
Name of New Registered Agent:	James Zolman	: 	- ထိ	
New Registered Office Address:	19046 BRUCE B. DOWNS BL	.VD.		
Hogginered Ornes ridatess.	Enter F	lorida street address		
	Tampa	, Florida 336	47	
	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 Charging Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

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	<b>=</b> Add
		TAMPA, FL 33647	
			Change
			Add
			☐ Remove
			Change
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ective date, if other than the date of it effective date is listed, the date must be specifi			(optional) han 90 days after filing.) P	ursuant to 605.020
e: If the date inserted in this block does ument's effective date on the Department	not meet the applic	able statutory filing re		
umone's effective date on the Department	tor state 3 records.			
record specifies a delayed effecti he 90th day after the record is fi		t an effective time	e, at 12:01 a.m. or	the earlier (
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00