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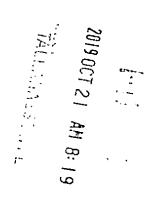
(Requestor's Name)
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COVER LETTER

то:	Registration Se Division of Cor		'a	; : <u>.</u>	
CUDII	WHITE LA				
SUBJI	ECT:		nited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		SHLOMO ASSOULIN			
			Name of Person		
		WHITE LAB LLC			
			Firm/Company		
	4028 N. 28TH WAY				
		Address			
		HOLLYWOOD, FL., 33020			
		City/State and Zip Code			
		LISAGOBLEPA@GMAII.			
		E-mail address; (to be used for future annual report notifi	cation)	
For fur	ther information c	oncerning this matter, please c	all:		
SHLO	MO ASSOULIN		954 446 3175 at ()		
	Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclose	ed is a check for th	ne following amount:			
■ \$ 2:	5.00 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

WHITE LAB LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number 1.19000109252	Company were filed on APRIL 22, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	20
		19 C
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		A.A.
		œ
		9 1
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>en</u>	ter the name of the ne
registered agent and/or the new registered office and	ness nerg.	
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>	Address	Type of Action
AMBR	SOLEVAN USA LLC	387 NE 194TH LANE	
		MIAMI, FL., 33179	- Aud
			□ Remove
			☐ Change
			Add
			☐ Remove
		- 	Change
			Add
			Remove
			☐ Change
			☐ Remove
		 	☐ Change
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			Remove
			☐ Change

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:ffect	ive date, if other than the date of filing:
Vote:	ective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
e red The	ord 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.
Dated	OCTOBER 11 2019
Jateu	
	/ Y / ½

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00