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Amend

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COVER LETTER

	egistration Se ivision of Cor			
arm men	NECTAR L			
SUBJECT	:	Name of Limi	ted Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please retu	rn ail correspo	ndence concerning this matter t	to the following:	
		Adam Lagner		
			Name of Person	
		NECTAR LAB LLC		ling. ving: of Person Company ddress and Zip Code r future annual report notification) 786
			Firm/Company	
		845 Hagey Lane		ytime Telephone Number S60.00 Filing Fee. Certificate of Status & Certified Copy
			Address	
		Blue Beil PA 19422		
		adl6695@aol.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For further	information c	concerning this matter, please ca	all:	
Jeffery Ko	bza		786 5188360 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for t	he following amount:		
\$25,00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, F1, 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

NECTAR LAB LLC		
(Name of the Limited Liability Co (A Florida Lin	ompany as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on April 22, 2019	and assigned
Florida document number 83-4587972 LIGOO	10109278	
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:		
(Principal office address MUST BE A STREET ADDRES.	<u></u>	2015
Enter new mailing address, if applicable:	<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Mailing address MAY BE A POST OFFICE BOX)		P 1'
		ω
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		r the name of the new
registered agent and/or the new registered office address	s nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida _	Zip Code
	City	AD Coae

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

Title	Name	<u>Address</u>	Type of Action
AMBR	Adam Lagner	845 Hagey Lane, Blue Bell PA 19422	© Add
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Effective date, if other than th	e date of filing:	e to date of filing or more th	(optional)	nt to 605 02
Note: If the date inserted in this	block does not meet the appli	cable statutory filing req	irements, this date will no	t be listed
document's effective date on the	Department of State's record	S.		
		at an officient time	at 13:01 a.m. on the	a aarline
he record specifies a delayed. The 90th day after the re	enective date, but necord is filed.	ocan enecuve time	. at 12.01 a.m. on the	t carrier
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Dated	2019			
···	Signature of a member or auto-David Bec			
	 Signature of a member or aut 	nomized representative of a	nemper	

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