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## . COVER LETTER

10:	Registration Section Division of Corporations		<del>'</del> .	•	
SUBJE	CT·	LG	Labs. LLC		
SUBJE		Name of Limi	ited Liability Company		
The end	losed Articles of Amendme	nt and fee(s) are sub	mitted for filing.		
Please r	return all correspondence co	ncerning this matter	to the following:		
			Neil Smil	ey	<del></del>
			LG Labs	LLC	
		10343	Emerson S Address	<del>†</del> .	
		Park	City/State and Zip Code	076	<del></del>
		E-mail address: (	h Smiley 0426 to be used for future annual n		. Com
For furt	ther information concerning	this matter, please ca	all:		
	Name of Person	m:ley	at ( <u>561</u> ) Area Code	239-2983 Daytime Telepho	one Number
Enclose	ed is a check for the following	ng amount:			
<b>5√</b> \$2:		00 Filing Fee & rtificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Section			tion Section	
	Division of Corporation	ons	Division	of Corporatio	ens

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1	LG Labs, LLC	4 .1 .	55 / 10. GT
(Name of the Limited Lia (A Flo	bility Company as it now a orida Limited Liability Comp	ppears on our records.) any)	() [
The Articles of Organization for this Limited Liability Florida document number		on May 26, 20	and assigned
This amendment is submitted to amend the following	ţ;		
A. If amending name, enter the new name of the l	limited liability compa	ny 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 AD	DRESS)		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u></u>		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:		=	
	Ente	er Florida street address	
	City	, Floric	la Zip Code
	Carj		sup 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
MGR	Norman Smiley	20155 Bocu West. Dr.	□Add
	'	Unit C405	□Remove
		Boca Ration, FL 33434	MChange
MBR	Anthony Fubrizio	2624 NE 15th St.	🗆 Add
	'	Fort Lauderdale FL 33304	ERemove
		· · · · · · · · · · · · · · · · · · ·	Change
			🗆 Add
			□Remove
			□ Change
			🗆 Add
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			□Remove
			□Change

_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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iote:	re date, if other than the date of filing:
i is file	
ated _	Signature of a member or authorized representative of a member  Norman Smiley  Typed or printed name of signee
	Signature of a member or authorized representative of a member
	$\lambda 1$

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