L20000171939

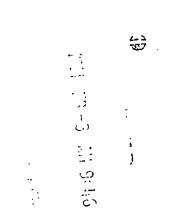
(Re	questor's Name)	
(Ad	dress)	
——————————————————————————————————————	dress)	
γ. τω	u1003)	
<u> </u>		
(Cit	y/State/Zip/Phon	e #)
—		—
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
	•	
	cument Number)	
(00	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
Opecial instructions to	r lang Omeer,	

Office Use Only



900359269239

02/03/21--01009--019 **25.00



aliala, an

COVER LETTER

TO: Registration Sect Division of Corpo			
Division of Corpe	nations		Æ
SUBJECT: ULTRUM	LABS LLC		<i>:</i>
Johother:	Name of Limit	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	lence concerning this matter t	o the following:	
	TIAGO COSTA		
	TINGO COULT	Name of Person	
		_	
	<u>ULTRUM LABS L</u>	LC Firm/Company	
		(in company	
	6013 BENJAMIN	RD STE 201	
		'Address	
	TAMOA E1 336	Z 4	
		34 City/State and Zip Code	
	TCOSTA @ ULTRUM	A LABS - COM o be used for future annual report notific	
	E-mail address: (t	o be used for future annual report notific	cation)
For further information cor	ncerning this matter, please ca	ıll:	
T		ארב אתם אי) (9
TIAGO COSTA	erson erson	at (<u>855</u>) <u>879 - 43</u> Area Code Daytime	O 6 0 Telephone Number
		·	•
Enclosed is a check for the	_		_
Ø \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
	Commond of Status	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			(additional copy is cherosco)
Mailing Address:		Street Address:	
Registration So		Registration Sect	ion
Division of Co		Division of Corp	
P.O. Box 6327		The Centre of Ta	llahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ULTRUM LABS LLC			
(Name of the Limi	ted Liability Company as it now (A Florida Limited Liability Com	<u>appears on our records.</u>) ipany)	
The Articles of Organization for this Limited L		on JUNE 22, 20	20 and assigned
Florida document number <u>LZ00001719</u>	39		
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name of	of the limited liability comp	any here:	
The new name must be distinguishable and contain the	words "Limited Liability Company	c" the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
			<u></u>
B. If amending the registered agent and/or agent and/or the new registered office addresses		our records, enter the n	ame of the new registered
agent and/of the new registered office addre	iss nere.		· :
Name of New Registered Agent:	TIAGO COSTA		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	6013 BENJAMIN	RD, STE 201	1. 0
	En	nter Florida street address	· · · · · · · · · · · · · · · · · · ·
	TAMPA		33634

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	HANS MEIRELES	600 MAIN ST, STE 110	🗆 Add
		WORKESTER, MA 01608	⊠Remove
			□Change
AMBR	HANS MEIRELES	600 MAIN ST, STE 110	□Add
		WORCESTER, MA 01608	🗹 Remove
			□Change
AMBR	HANS MEIRELES	600 MAIN ST, STE 110	
	•	WORCESTER, MA 01603	VRemove
			□Change
AMBR	LO HXA, LLC	600 MAIN ST STE 110	MAdd
		WORCESTER, MA 01608	□Remove
			🗀 Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Channa

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated JANUARY 26 Signature of a member or authorized representative of a member

Filing Fee: \$25.00

TIAGO COSTA
Typed or printed name of signee