

(Re	equestor's Name)	
(Ad	ddress)	
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(Ci	ty/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(B	usiness Entity Nam	ne)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





500347721995

R WHITE
JUL 2 - 2029

CORPORATION SERVICE COMPANY

1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 355948 > 8312358

AUTHORIZATION: OFFICE A LANGE

COST LIMIT : \$ 25.00

ORDER DATE : July 14, 2020

ORDER TIME : 12:56 PM

ORDER NO. : 355948-001

CUSTOMER NO: 8312358

DOMESTIC AMENDMENT FILING

NAME: MEADOW LABS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX____ PLAIN STAMPED COPY

_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER'S INITIALS:

20 JUL 16 PH OF 17

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 116 Pi 2:56

MEADOW LABS, LLC	
(Name of the Limited Liability Comp. (A Florida Limited	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document numberL20000178830	were filed on 06/25/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	66 West Flagler Street
(Principal office address MUST BE A STREET ADDRESS)	9th Floor
	Miami, FL 33130
Enter new mailing address, if applicable:	66 West Flagler Street
(Mailing address MAY BE A POST OFFICE BOX)	9th Floor
	Miami, FL 33130
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registere
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	Robert Winter Jr.	66 West Flagler Street	□Add
		9th Floor	7-
		Miami, FL 33130	
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
		-	□Remove
			□Change
			□Add
			⊡Remove
			□Change
			□Add
			
			□ Change

Note:	tive date, if other than the date of filing: [Cottive 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 ment's effective date on the Department of State's records.
e reco rd is f	rd 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 led.
Dated	7/15/2020
	- Fole //
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00