L20000326865

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: <u>(V</u> P	atist Labs LLV Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Maxime (ami	Name of Person	
		Firm/Company	
	10750-9	5W 11 h St 3701 Address	11th St W
	- Aram	City/State and Zip Code	high Acres/FL 33971
	<u>ÜVEGUSLÛ</u> E-mail address: (to be used (for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Maxime Co	limille Person	at (239) -90-9 Area Code Daytime	5407 Telephone Number
Enclosed is a check for th	e following amount:		ds.
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Address	s:	Street Address:	

Registration Section
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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000376465</u> .	were filed on $\frac{10/15/2020}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1201 Business Way # 665 Lehigh Acres, FL 33956
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 665 & Lehigh Acres, FL 33970
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address: 1201 Bu	SiNESS Way #665 Enter Florida street address
_Lehigh	Acres , Florida 33936 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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>CEO</u>	Maxime Camille	3701 11th St W	🗆 Add
		Lehigh Acres, FL 33971	Remove
			□Change
<u>CEO</u>	Maxime Camille	1201 Gusiness Way #7665	i Add
	1201 Gusiness Way #7665 Lehigh Acres, FL 33936	□Remove	
			□Change
			□ Add
			□ Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change
		🗆 🗖 Add	
			□Remove
			□Change

. 11 amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
(If an effective Note: If the	date, if other than the date of filing:
he record spord is tiled.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Signature of a member or authorized representative of a member
	Maxime Camille Typed or printed name of signee

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