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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Addrass:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FASTLABS MOBILE 003, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FASTLABS MOBILE 003, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{02/12/2021}{12/2021}$ Florida document number L21000058188

The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Inter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ldress on our records, <u>enter the name of the new registe</u>
	idress on our records, <u>enter the name of the new regists</u>

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.

Cuy

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
COO	PROVINCE ZAMEK	7901 4TH ST. N STE 300	
		ST. PETERSBURG, FL 33702	□Remove
			□Change
· · · · · · · · · · · · · · · · · · ·			□Add
			□Remove
			□Change
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	tark-have a state of the state		🗆 Add
			□Remove
			□Change
			□Add
			ПRеточе

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	I	
E. Effective date, if other than the date of filing:	Pursuant to 605 rill not be liste	.0207 (3)(b ed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The record is filed.	90th day after	
September 6 2021	307 307 607 607	2021 SEP -7
Signature of a member or authorized representative of a member		i
Riley Park	VGB80	AH 10: 33
Typed or printed name of signee		

Filing Fee: \$25.00