

L21000092894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

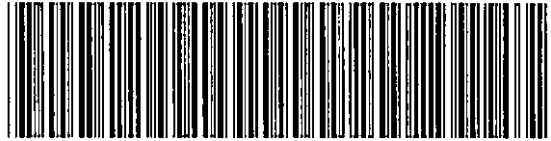
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400386855474

05/02/22--01063--023 **25.00

2022 MAY -6 AM 6:32
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

© SIMMONS

MAY 04 2022

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 MAY -6 AM 6: 32

M & P LAB INVESTMENTS, LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 2/4/2021 and assigned Florida document number L21000092894.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MLAB INVESTMENTS, LLC

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:

6439 BELLAMALFI STREET

(Principal office address MUST BE A STREET ADDRESS)

BOCA RATON, FLORIDA 33496

Enter new mailing address, if applicable:

6439 BELLAMALFI STREET

(Mailing address MAY BE A POST OFFICE BOX)

BOCA RATON, FLORIDA 33496

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MINDY LABINER

New Registered Office Address:

6439 BELLAMALFI STREET

Enter Florida street address

BOCA RATON

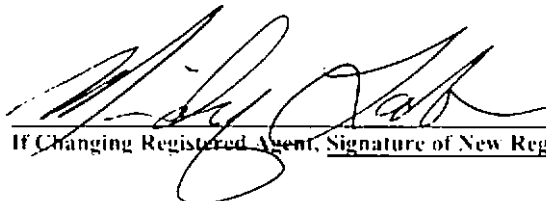
City

Florida 33496

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>	<u>Address</u>	<u>Type of Action</u>
MGR	PAUL LABINER	5499 NO FEDERAL HWY., SUITE K	<input type="checkbox"/> Add
		BOCA RATON, FLORIDA 33487	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MINDY LABINER	6439 BELLAMALFI STREET	<input checked="" type="checkbox"/> Add
		BOCA RATON, FLORIDA 33496	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

