

L2100118786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

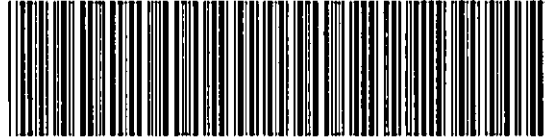
(Document Number)

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TM 5/19/12

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100362888671

03/30/21--01011--L26 **25.00

FILED
MAR 30 2021
21 MAR 30 PM 3:54
FBI - ST. LOUIS
FBI - ST. LOUIS
FBI - ST. LOUIS

COVER LETTER

TO: **Registration Section
Division of Corporations***

SUBJECT: **LABBEX LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GLADYS SOTELDO

Name of Person

Firm/Company

210 BERENGER WALK

Address

City/State and Zip Code

ROYAL PALM BEACH FL. 33414

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GLADYS SOTELDO

561 480-2336
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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**

FILED
2021 MAR 30 PM 3:54
CLERK OF SUPERIOR COURT
JACKSONVILLE, FLORIDA

21 MAR 30 PM 3:542

LABBEX 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 03/12/21 and assigned
Florida document number L21000118786.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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

2011 MAR 30 PM 3:54
21 MAR 30 PM 3:54
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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GLADYS SOTELDO	210 BERENGER WALK, ROYAL PALM BEACH FL	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FROEHLICH & DE LA RUA CPA	12008 SOUTH SHORE BLVD STE 210, WELLINGT	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CARMEN BRICENO	CARRERA 11A CON CARRERA 12 # 1-236	<input type="checkbox"/> Add
		COLINAS STA ROSA, BQTO-LARA, LR 3001 VE	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	LUIS BRICENO	AV. TEREPAIMA, RES CHIAPARRAL # 2	<input type="checkbox"/> Add
		COLINAS DL TURBIO, BQTO-LARA, LR 3001 VE	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	DANIELA BRICENO	RES PEDREGAL PLAZA TORRE B # 8-1	<input type="checkbox"/> Add
		URB TEREPAIMA, BQTO-LARA, LR 3001 VE	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

PLEASE UPDATE AMBR LAST NAMES. THEY ARE MISPELLED.

AMENDMENT IS BEING FILED SINCE THE NAME OF THE ACTUAL AMBR IS WRONG ON
THE ARTICLES OF ORGANIZATIONS SHOWN ON SUNBIZ.

21 MAR 30 PM 3:54

DEPARTMENT OF STATE
DIVISION OF CORPORATE AFFAIRS

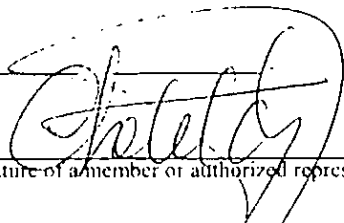
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective 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 (3)(b)

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 _____



Signature of a member or authorized representative of a member

GLADYS SOTELDO

Typed or printed name of signee

Filing Fee: \$25.00

DANIEL MEZZADRI
GLADYS SOTELDO
210 BERENGER WALK
ROYAL PALM BEACH, FL 33414-4349

295

67-776532 9370

03/26/2021
Date

PAY to the order of Florida Department of State \$ 25.00
Twenty five ^{00/100} Dollars

Photo
Bank
Deposited
Date of Issue



WELLS
FARGO
Wells Fargo Bank, N.A.
South Carolina
wellsfargo.com

For Filing Fee-Labbex LLC

[Signature]

⑆053207766⑆ 3974628251⑈ 00295

COLONIAL CLASSICS