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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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	Office Use Only	, J.L.

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COVER LETTER

TO:	egistration Section ivision of Corporations	
SUBJE	ETTEVI LAB LLC	
SUBJE	P: ETTEVI CAB LLC Name of Limited Liability Company	
The enc	ed Articles of Amendment and fee(s) are submitted for filing.	
Please r	arn all correspondence concerning this matter to the following:	
	Jue He Lem Name of Person	
	ETEVI LAB LLC. Firm/Company	
	18111 NW & Daw. Mrami	
	City/State and Zip Code eHe v) BT Ryahoves_ E-mail address: (to be used for future ginnual report notification)	
	E-mail address: (to be used for future ginnual report notification)	
For furt	information concerning this matter, please call:	
	Tultle Llin at (706) 343-1765 Name of Person Area Code Daytime Telephone Number	
Enclose	s a check for the following amount:	
\$ \$25	Filing Fee \$\Bigsquare \text{\$30.00 Filing Fee & \$\Bigsquare \text{\$55.00 Filing Fee & \$60.00 Filing Fee, } \\ \text{Certificate of Status} \\ \text{(additional copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)} \end{additional copy is enclosed}	45
	Iailing Address: Legistration Section Registration Section Division of Corporations O. Box 6327 The Centre of Tallahassee Iallahassee, FL 32314 Tallahassee, FL 32303	:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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were filed on JUNE 08	, 2021 a	ınd assigned
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y Company," the designation "LLC"	or the abbrevia	tion "L.L.C."
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	ity company here: y Company," the designation "LLC"	y as it now appears on our records.) ability Company) were filed on

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Ivette Lein	18111 NW 32 au Haliah	∏ □Add
		 	□Remove
			X Change
AMBR	Joanny Guintero	101/1 NW 22 our Haleal 1	<u>C</u> □Add
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an effective date is listed ote: If the date insert	, the date must be specific and cannot be pred in this block does not meet the appart on the Department of State's recor	licable statutory filing			
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	Signature of a member of a	(2000)			_
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