K21000213210

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

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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
Abbot Labs	LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ross Hileman	•	
		Name of Person	,
	Abbot Labs LLC		
		Firm/Company	
	1169 Westwood Dr		
		Address	
	Saint Johns, FL 32259		
		City/State and Zip Code	
	abbotlabs.ross@gmail.com E-mail address: (to be used for future annual report no	otification)
For further information c	oncerning this matter, please c		
Ross Hileman		262 8809887	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addre</u>	<u>ss:</u>	<u>Street Address:</u>	
Registration	Section	Registration S	
Division of C P.O. Box 632		Division of C The Centre of	
Tallahassee,			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Abbot Labs LLC	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)
the Articles of Organization for this Limited Liability Company we	ere filed on June 24 2021 and assigned
forida document number <u>L21000293210</u>	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liabilit	ty company here:
he new name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable:	2721
Principal office address MUST BE A STREET ADDRESS)	
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<u></u> ω
 If amending the registered agent and/or registered office adgent and/or the new registered office address here: 	dress on our records, <u>enter the name of the new regis</u>
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AR	Brunz, Melissa L	1169 Westwood Dr	
		Saint Johns, FL 32259	■Remove
			Change
MBR	Hileman, Ross E	1169 Westwood Dr	
		Saint Johns, FL 32259	⊡Remove
			Change
			☐ Add
			Remove 3
			Change
			□Remove
			Change
			□Add
			Remove
			□Change

					
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Tective date, if other than than effective date is listed, the date in ote: If the date inserted in this locument's effective date on the	ust be specific and cannot bolock does not meet the	applicable statutory	or more than 90 days aft	tional) er tiling.) F nis date w	Pursuant to 605.0 ill not be listee
record specifies a delayed effect is filed.	ive date, but not an effec	ctive time, at 12:01 a	i.m. on the earlier of:	(b) The	90th day after
ated	2021	·			