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Division of Corporations

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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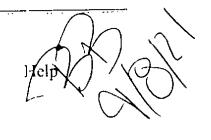
## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## LAB GOTUZZO, LLC

Certificate of Status	cate of Status 0	
Certified Copy	0	
Page Count	04	
Estimated Charge	\$25.00	

Electronic Filing Menu

Corporate Filing Menu



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAB GOTUZZO LLC	
(Name of the Limited Liability Company as it at (A Florida Limited Liability C	on applears on our record;)
The Articles of Organization for this Limited Liability Company were file Florida document number 1.210000383520	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	ipany here:
The new page must be discussed to	20
The new name must be distinguishable and contain the words "Limited Liability Compa	iny," the designation "LLC" or the abbreviation" L.L.C.T.
Enter new principal offices address, if applicable:	SEP
(Principal office address MUST BE A STREET ADDRESS)	
<del></del>	
Enter new mailing address, if applicable:	8: <del>L</del>
(Mailing address MAY BE A POST OFFICE BOX)	y
B. If amending the registered agent and/or registered office address on a sent and/or the new registered office address here:	on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Flerida
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 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> MGR	Name YU ACCOUNTING AND TAX SCRYICH U.C.	Address 17071 W DIXIE HWY SUITE 300	Type of Action
			DAdd
		North Miami Beach, FL , 33160	<b>®</b> Remove
			Change
737H 78 78 E	EDUARDO GOTUZZO	17071 W DIXIE HWY SUITE 300	
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Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than effective date is listed, the date must be specific and cannot be prior to date of filing or more than	(optional) an 90 days after filing.) I	Pursuant to 605.
ALLE TENE AND INCAPING IN 1915 DIGER GOES OVERNOUS OF THE	uirements, this date w	rill not be liste
document's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	e earlier of: (b) The	90th day after
Dated September 02, 2021.		

Filing Fee: \$25.00