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то:		istration Sect sion of Corpo			
SUBJEC		THE SHAKE			
SUBJEN				nited Liability Company	
The enci	iocod	Articles of A	mendment and fee(s) are sub	hmittad for filing	
			dence concerning this matter	•	
			RONELL MIDDLETON		
				Name of Person	
			THE SHAKE LAB LLC		
				Firm/Company	
			4350 NW 173RD DRIVE		
				Address	
			MIAMI GARDENS, FL 3	33055	
				City/State and Zip Code	
			jarias@anl-law.com		
For furth	er in	formation con	e-mail address: ((to be used for future annual report notification)	
		DDLETON	, , , , , , , , , , , , , , , , , , ,	305 332-9155	
		Name of P	Person	at () Area Code Daytime Telephone Number	_
				Just code Daytime retephone Number	
Enclosed	l is a	check for the	following amount:		
≅ \$2 5.	00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee & Certified Copy (additional copy is enclosed)	Status & y
		ing Address: istration Se	ction	Street Address: Registration Section	
	_	ision of Cor		Division of Corporations	
		Box 6327	22214	The Centre of Tallahassee	
	Lall	ahassee, FL	. 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE SHAKE LABILLO	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
ne Articles of Organization for this Limited Liability Company were filed on 10/28/2021	and assigned
orida document number L21000469029	
is amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here:	
AB 4LYFE LLC	
ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
• • •	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	
	. ⊷
. If amending the registered agent and/or registered office address on our records, enter the	e name of the new regist
gent and/or the new registered office address here:	<u> </u>
Numa of Nam Davidson J.A.	2
Name of New Registered Agent:	30 F F
New Registered Office Address:	19 = 0
Enter Florida street address	HID 22
, Floric	iii
. F10F10	내려

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.

City

Zip Code

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>	Name	Address	Type of Action
<u></u>			□ Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			Петоve
			□Change
			□ Add
			□Remove
		····	□Change
			□ Add
		□ Remove	
			□Change
			🗆 Add
			🗆 Remove

D. If amending any ot	ther information, enter change(s	s) here: (Attach additional she	ets, if necessary.)
			-
			
	····		
		<u> </u>	
·			.
		····	
E. Effective date, if oth	her than the date of filing:		(optional)
Note: If the date inse	erted in this block does not meet the a date on the Department of State's red	applicable statutory filing require	0 days after filing.) Pursuant to 605.0207 (3), ments, this date will not be listed as the
If the record specifies a de record is filed.	clayed effective date, but not an effect	tive time, at 12:01 a.m. on the ear	rlier of: (b) The 90th day after the
November 7)2021		
Dated Hovember //			
the	Signature of a member o	r authorized representative of a mem	ber
Ronell Mic	/ /	-	

Typed or printed name of signee