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OIVISION OF CORPORATION

22 MAY -5 PH 2: 19

T. MATTHEWS

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Nada The Label LLC SUBJECT: 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: Alana Watts Name of Person Nada The Label LLC Firm/Company 3810 Nautical Drive Address Carlsbad, CA 92008 City/State and Zip Code awatts@biomedsupply.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Alana Watts 619 709-7805 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■ \$**25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILLD SECRETARY OF STATE DIVISION OF CORPORATIONS

Nada The Label LLC

22 MAY -5 PM 2: 19

(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 Liab Florida document number	•	and assigned
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of the	is submitted to amend the following: name, enter the new name of the limited liability company here: be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" ripal offices address, if applicable: address MUST BE A STREET ADDRESS) ng address, if applicable: in MAY BE A POST OFFICE BOX) the registered agent and/or registered office address on our records, enter the name of the new registered enew registered office address here: if New Registered Agent: egistered Office Address: Enter Florida street address	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regagent and/or the new registered office address l		enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street o	nddress
		_, 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 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
MGR	Alana Humaikealoha Watts	3810 Nautical Dr	
		Carlsbad, CA 92008	□ Add
		Canstiad, CA 92006	□ Remove
			⊞ Change
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		ted in this bloc late on the Dep				ory filing req	uirements, thi	is date will not	be listed a
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