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To:			
	Division of Corporations		
	Fax Number : (850)61	.7-6383	
from:			
	Account Name : CORPORA		IONAL INC.
	Account Number: 1104320		
	Phone : (561)69 Fax Number : (561)21		
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Electronic Filing Menu

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Corporate Filing Menu

Help

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION, OF

COBALT LABS, ELC		•			
(Name of the Lin	ited Liability Co (A Florida Lun	ompany as it now appears on our records.) ited Liability Company)			
The Articles of Organization for this Limited Florida document number L22000219215	Liability Comp	pany were filed on 05/10/2022	and	assignec	j
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited	liability company here:			
FANMAX, Labs, LLC					
The new name must be distinguishable and contain the	words "Limited I	.iability Company," the designation "LLC" or the a	hbreviation	ı"L.L.C."	
Enter new principal offices address, if appl	icable:	N/A			
(Principal office address MUST BE A STRE	ET ADDRESS	5)			
Enter new mailing address, if applicable:		N/A			
Mailing address MAY BE A POST OFFICE	E BOX)		·-·		
				p.3	
<ol> <li>If amending the registered agent and/or igent and/or the new registered office addr</li> </ol>		ice address on our records, enter the nam	<u>ie of the</u>	hew regi	ist
agent and of the new registered office addr	<del>(33 1161 (</del> .			ين گان	
Name of New Registered Agent:	N/A			30 :	; . —
New Registered Office Address:			•		
New Registered Office Address.		Emer Florida street address		<u>.</u>	
		. Florida	= .	36	
		City	$Z\hat{q}(C)$	rde	_

## 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>	Address	Type of Action
	N/A		
			□Change
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Note:	ive date, if other than the dective date is listed, the date must. If the date inserted in this blocent's effective date on the Decent's	ck does not meet the ap	plicable statutory filing req	(optional) an 90 days after filing.) Pursuant t uirements, this date will not b	o 605,0207 (3 e listed as the
he record ord is fil		date, but not an effective	ve time, at 12:01 a.m. on th	e earlier of: (b) The 90th day	after the
Datad	January 26	2023			
Datett	January 26	•			

Filing Fee: \$25.00

Typed or printed name of signee