11/29/22, 1:20 PM

## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	 	· <del>-</del>	_	<u> </u>	

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

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

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Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Johannes Schick LLC		
(Name of the Limited	Liability Company as it now appears on our V Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liab	bility Company were filed on 11/14/2	2 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
Labs 42 LLC		
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designatio	n "L1.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office address on our records, here:	enter the name of the new registered
Name of New Registered Agent:	- Aller - Alle	
New Registered Office Address:	Enter Florida stree	t 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 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
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			Change
		4	□Add
			Remove
			□Change
			□Add
			Remove
			□Change

16	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
. II ame	nding any other information, enter change(s) here: (Allach daditional sheets, if heconomy 29 4H 11.
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Note:	ive date, if other than the date of filing:
the recor	ed specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ded.
Dated	November 29
	November 29 . 2022 .
	Signature of a member or authorized representative of a member
	Morgan Noble  Travel or granted name of stance

. . . .

Filing Fee: \$25.00