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SEGRETARY OF STAT

C GOLDEN AUG 2 7 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: C. LAB	THEOLY INC.
DOCUMENT NUMBER: P17 00	
The enclosed Articles of Amendment and fee are sub	
Please return all correspondence concerning this matt	er to the following:
7 100 40	A CAI
	Name of Contact Person
C.CAB II	HEORY INC. Firm/ Company
	4SHORE DRIVE 614
	Address
RIAHI FI	20,137
	33 (37) City/ State and Zip Code
in Copp are	
F-mail address: (to be use	ative lab - inc. com ed for future annual report notification)
,	,
For further information concerning this matter, please	e call:
BARBARA GAL	at (305) 915 6268 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status (Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

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Articles of Incorporation C. LAB THEORY, ING.

SECRETARY OF STATE (Name of Corporation as currently filed with the Florida Dept. of State) ALL AHASSEE. FL SECRETARY OF STATE

(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> <u>Joh</u>	nn Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sall</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP_	EDISON SABALA	2451 BRICKELL AVE 18
Add			MIAMI FL 38129
<u>X</u> Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Auach <i>addi</i>	g or adding additiona itional sheets, if necess	i Articies, enter c ary). (Be specif	:hange(s) here: ic)			
N/N						
14 / 14						
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		-		-		
						
					· · ·	
				•		
lf an amen	dment provides for ar	n exchange, recla	ssification, or car	ncellation of issue	ed shares,	
provisions	for implementing the	<u>amendment if n</u>	ot contained in tl	ne amendment its	self:	
	applicable, indicate N	78)				
NA						

The date of each amendment(s) adoption: _	08/20/2018	, if other than the
date this document was signed.	00/01/01/0	
Effective date if applicable:	08/20/2018 (no more than 90 days after amendment file	date)
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing require of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo	ne shareholders. The number of votes cast for the rapproval.	e amendment(s)
	the shareholders through voting groups. The foliog group entitled to vote separately on the amen	
"The number of votes cast for the am	nendment(s) was/were sufficient for approval	
by		
(v	roting group)	
☐ The amendment(s) was/were adopted by th action was not required.	ne board of directors without shareholder action a	and shareholder
☐ The amendment(s) was/were adopted by th action was not required.	ne incorporators without shareholder action and s	hareholder
Dated O8/2	20/2012/	
Signature		
selected, by an in	esident or other officer – if directors or officers to corporator – if in the hands of a receiver, trustee try by that fiduciary)	
	BARBARA	BAL.
	(Typed or printed name of person signing)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<u>_</u>	PRESIDER	17
	(Title of person signing)	

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