13000025072

| (Re | equestor's Name) | |
|-------------------------|-------------------|---|
| (Ad | dress) | |
| (Ad | ldress) | <u>, , , , , , , , , , , , , , , , , , , </u> |
| (Cit | y/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | | of Status |
| Special instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



700248595907

06/10/13--01023--022 **25.00

COVER LETTER

| SUBJECT: Bio | venture Medical LLC |
|-----------------------------|--|
| | Name of Limited Liability Company |
| | |
| The enclosed Articles of A | amendment and fee(s) are submitted for filing. |
| Please return all correspon | dence concerning this matter to the following: |
| | |
| | James W Tinsley III |
| | Name of Person |
| | Bioventure Medical LLC |
| | Firm/Company |
| | 3101 SW 34th AVE 905-433 |
| | Address |
| | Ocala FL 34474 |
| | City/State and Zip Code |
| • | tech@oscllc.net |
| | E-mail address: (to be used for future annual report notification) |
| For further information co | neeming this matter, please call: |
| .lim Tinsley | 352 857-9204 |

Enclosed is a check for the following amount:

Name of Person

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐S60.00 Filing Fee.
Certificate of Status &
Certified Copy
(additional copy is enclosed)

2013 JUN 10 AM 8: 52

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Area Code & Daytime Telephone Number

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Bioventure Medical LLC | | | | | |
|--|----------------------------|---------------------------------------|----------------|---|--|
| (<u>Name of the Limited Liabilit</u> (A Florida | ty Company as it now ap | pears on our records.) | | | |
| . (A FRAIGA | Emmed Enabliny Compan | 1.91 | | | |
| The Articles of Organization for this Limited Liability | Company were filed on | 02/15/2013 | anc | l assigne | ed |
| Florida document number L13000025072 | | | | | |
| Florida document number | · | | | | |
| | | | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the lin | nited liability company | here: | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | |
| The new name must be distinguishable and end with the wo | ords "Limited Liability Co | mpany " the designation ' | 'LI C'' or | the abbr | eviation |
| "L.L.C." | , | | | | |
| Enter new principal offices address, if applicable: | | | | | |
| | ARECU) | | | | |
| (Principal office address MUST BE A STREET ADD | <u>KESS)</u> | | | 201 | |
| | | | (N) | ======================================= | —————————————————————————————————————— |
| | | | 30-31 | \subseteq | |
| Enter new mailing address, if applicable: | | | SS | 0 | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | TO | 3> | 11 |
| | · | | ONOT. SIVIS | <u>σ</u> | |
| | | | | 2 | |
| B. If amending the registered agent and/or regis | stered office address o | on our records, enter | the nan | ~ ne of tl | he new |
| registered agent and/or the new registered office ad- | | , | | | |
| | | | | | |
| Name of New Registered Agent: | | | | | |
| N. B. '. 100" 111 | | | | | - |
| New Registered Office Address: | | Enter Florida street aa | ldress | | |
| | | | | | |
| | C:t. | , Florida | 7. / | ~ | |
| | City [,] | | Zip (| ode | |

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 608, 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------|-----------------|----------------|
| MGR | Christopher Manseau | 4170 SE 47th PL | |
| | | Ocala FL 34480 | Remove |
| MGR . | Angie Manseau | 4170 SE 47th PL | |
| | | Ocala FL 34480 | Remove |
| | | | Add |
| | | | Remove |
| | | | Andd - |
| | | SEFITIONIDA | Remove Remove |
| | | DA | Add |
| | | | Remove |
| | | | _ |
| | | | Remove |

| _ | |
|--------------|---|
| | |
| | |
| | |
| | |
| | Tom on Til |
| | Fignature of a member or authorized representative of a member James W Tinsley III |

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Filing Fee: \$25.00

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