L150000 47149

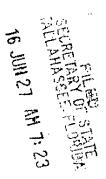
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JUN 2 8 2016 S. YOUNG

COVER LETTER

TO: Registration Se Division of Con			
Start Biosc SUBJECT:	ience LLC		
SUBJECT:	Name of Lim	aited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Heloisa Felicio		
		Name of Person	
	Start Bioscience LLC		
		Firm/Company	
	15800 Pines Blvd. Suite #	3103	6 July
		Address	
	Pembroke Pines, FL 33027	7	16 JUH 27 EM 7: 23
		City/State and Zip Code	ب ز
	heloisa@startbioscience.com	m to be used for future annual report notific	ation)
For further information of	concerning this matter, please co	•	unon
Heloisa Felicio	, , , , , , , , , , , , , , , , , , ,	754 888-9383	
	of Person	at ()	Celephone Number
Name	i i cison	Alea Code Daytime	elephone ramber
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS: ration Section	STREET/COURIE Registration Section	R ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company)	<u>)</u>
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000047149</u> .	y were filed on 03/16/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	15800 Pines Blvd. Suite # 3103	
(Principal office address MUST BE A STREET ADDRESS)	Pembroke Pines, FL 33027	=1,0
		TO JUN
Enter new mailing address, if applicable:	15800 Pines Blvd. Suite # 3103	27 %
(Mailing address MAY BE A POST OFFICE BOX)	Pembroke Pines, FL 33027	= 79
		<u> </u>
		23 5
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter the name of the new
	_	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
		:	Add
			🗖 Remove
			Change Change
			□ Add SST Control Add SST Con
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an effective date is Note: If the date is	other than the listed, the date must inserted in this blo ive date on the De	be specific and ock does not n	l cannot be prioneet the appli	r to date of filir cable statutor	ng or more than 9	(optional) days after filin ments, this dat	g.) Pursuant to 605	5.020
erecord speci The 90th day	fies a delayed after the reco	effective d ord is filed.	late, but n	ot an effec	tive time, at	12:01 a.m	. on the earli	er of
ated 06/	24	-04/)	, <u>2018</u>	<u>.</u>				
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Filing Fee: \$25.00