

L15000144233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

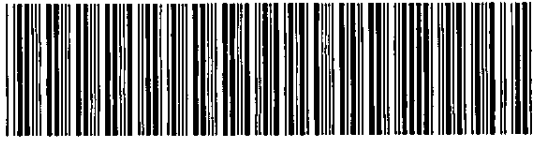
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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02/11/16--01011--034 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

FEB 11

KS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2016

BIOIONIC INSTITUTE ISI LLC
JEFFREY A MUELLER
685 SCARLET OAK CIR, UNIT 125
ALTAMONTE SPRINGS, FL 32701

SUBJECT: BIOINIC INSTITUTE ISI LLC
Ref. Number: L15000144233

We have received your document for BIOINIC INSTITUTE ISI LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 716A00002679

2-3-16

Re:

Amendment to Articles of Organization, Florida LLC

For **Bioinic Institute ISI**

Entity Number: L5000144233

KS

Note: official documents sent under separate cover

Amendments:

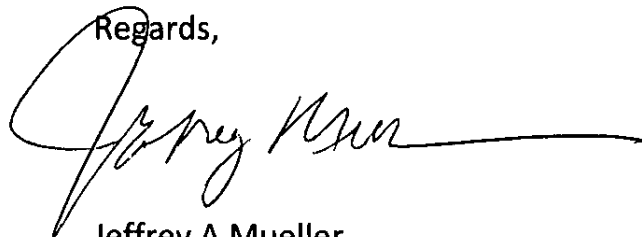
1. Name change to *Bioionic Institute ISI*
2. Addition of new AMBR/MGR: *NutraMax LLC Entity # L5000123183*

To Whom it may concern;

I recently mailed the official LLC amendment documents under separate cover (certified mail, return receipt), but left out the check for the filing fee of \$25.00.

Please find this filing fee check enclosed and connect it with my amendment forms which should have been received within the past 2 days in order to properly process this change.

Regards,



Jeffrey A Mueller
(407) 252-8554

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bioinic Institute ISI LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffrey A Mueller
Name of Person
Bioionic Institute ISI
Firm/Company
685 Scarlet Oak Circle Unit 125
Address
Altamonte Springs, Florida 32701
City/State and Zip Code
jamsession536@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey Mueller at (407) 252-8554
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Bioinic Institute ISI LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8-21-2015 and assigned Florida document number L15000144233.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Bioinic Institute ISI LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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 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:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	NutraMax LLC ENTITY # L15000123183	685 Scarlet Oak Circle Unit 125 Altamonte Springs, FL 32701	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	NutraMax LLC ENTITY # L15000123183	685 Scarlet Oak Circle Unit 125 Altamonte Springs, FL 32701	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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 CLERK OF COUNTY
 COURT

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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STATE OF FLORIDA
TALLAHASSEE

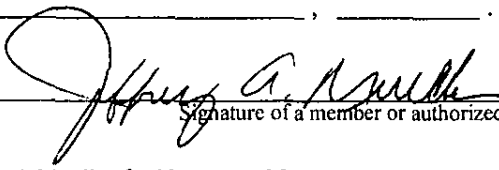
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated February 2, 2016


Signature of a member or authorized representative of a member

Jeffrey A Mueller for NutraMax LLC

Typed or printed name of signee