L15000144233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

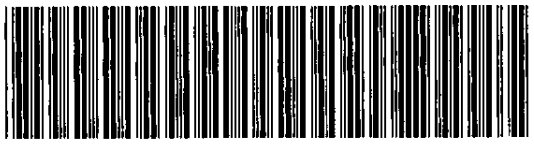
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800282620228

03/04/16--01004--004 **25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAR -4 PM 4:25

MAR 07 2016

S. YOUNG

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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:

Bioionic 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)

FILED
16 MAR -4 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Title	Name	Address	Type of Action
MBR	NutraMax LLC ENTITY # L15000123183	685 Scarlet Oak Circle Unit 125 Altamonte Springs, FL 32701	☐ Add
			☐ Remove
			☐ Change
AMBR	NutraMax LLC ENTITY # L15000123183	685 Scarlet Oak Circle Unit 125 Altamonte Springs, FL 32701	☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAR -4 PM 4:25

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

16 MAR -4 PM 4:25
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Filing Fee: $25.00