## LOG000033834

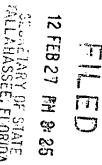
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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02/28/12--01007--005 \*\*25.00



D. BRUCE

FEB 28 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration Se Division of Cor			•		
subject: <u>Віъс</u>	ayne <u>Industrial</u> Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.			
Please return all correspo	ondence concerning this matter	r to the following:		·	
	Fares	Chandour Name of Person			
	Biocourse Ind	Justial Park UC Firm/Company	•		
	1862 NE 144	Address			
	Worth Miam	i FL, 33181 City/State and Zip Code			
	tares, ahandor Ismail address:	to be used for fulure annual report notific	cation)	12 F	
For further information concerning this matter, please call:					•
Fares Ghand Name o	Sour f Person	at ( <u>305)</u> <u>392 - 19</u> Area Code & Daytime	<u></u>	27 PH & 25	
Enclosed is a check for the	ne following amount:		<b>.</b>	τ. 	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	losed)
:					

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

Biocaune Industrial Par	K,UC.				
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on or ability Company)	ur records.)	<del></del> .		
The Articles of Organization for this Limited Liability Company	were filed on $3\sqrt{30}$	<u>√2006</u> an	nd assigned		
Florida document number <u>LObocoo33824</u> .	•				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	lity company here:				
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," th	e designation "LLC" or	the abbreviation		
Enter new principal offices address, if applicable:	•.				
(Principal office address MUST BE A STREET ADDRESS)					
	·		7		
Enter new mailing address, if applicable:		5-	N		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	7		
		115	<u> </u>		
			<i>ස</i> ා 🔼		
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	ce address on our re	cords, enter the na	me of the new		
	·	•			
Name of New Registered Agent:					
New Registered Office Address:					
· `	Enter Florida street address				
·	Cit	, Florida	<u></u>		
	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 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 = Ma MGRM = N	nager Vanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>mgr</u>	Fares Chandour	1852 NE 144H St North Miami, Fl. 33181	Add ☐ Kemove
mGR_	Infiniti Real Estate, UC	1852 NE 144th Street North Miami, Fl. 33181	Add Remove
<u>mgr</u>	Global Advising, U.C.	13801 NE 3rd Court B128 North Miami, FL,33161	Add Remove
· .	· · · · · · · · · · · · · · · · · · ·		Add Remove
<del></del>			Add Remove
<del></del>			Add Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	12 FEB 27
_	Δ	E, LORIDA	PL STAFE  STAFE
Dated	02/22/2012	·	
		or authorized representative of a member  FARCS GHANDOUS  or printed name of signee  Page 2 of 2	

Filing Fee: \$25.00