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## **COVER LETTER**

TO:

Registration Section Division of Corporations

CHD IECT.

SN Consulting 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:

Samantha Nguyen

Name of Person

SN Consulting LLC

Firm/Company

398 East Dania Beach Blvd. #146

Address

Dania Beach, FL 33004

City/State and Zip Code

snconsulting07@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha Nguyen

954<sub>9</sub>999.1337

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)

Certificate of Status &

(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

ON CONSUMING LLC	ty Company as it now appears on all	r records )	
(A Florida	ty Company as it now appears on ou a Limited Liability Company)	(Tecorus.)	
The Articles of Organization for this Limited Liability Florida document number L06000119720	Company were filed on December	er 18, 2006 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
Biotech Solns Int'l LLC			
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
		SEC. 3013	
Enter new mailing address, if applicable:		55 A	
(Mailing address MAY BE A POST OFFICE BOX)		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
		20 <del>20</del> <del>10</del> <del>10</del>	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ords, enter the name of the nev	
Name of New Registered Agent:	<u>.,</u>		
New Registered Office Address:			
	Enter Flor	ida street address	
		_, Florida	
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

CNI Computation I I C

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 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>:

۲

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> Remove Remove Remove Remove Remove

D. If amending any othe	r information, enter change(s) here: (Attach additional sheets, if necessary.)
Not Appli	cable
<del></del>	
1 4 4	0040
<sub>Dated</sub> January 14	2013
	<u> </u>
	A A
	Signature of a member or authorized representative of a member
Samant	ha Nguyen
Samani	
	Typed or printed name of signee
	Page 3 of 3

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Filing Fee: \$25.00

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