

LD8000051952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

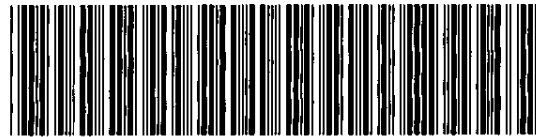
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2011 MAY 12 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAY 13 2011

EXAMINER

Credence Biologicals, LLC

127 West Bears Club Drive

Jupiter, FL 33477

May 9, 2011

Florida Department of State

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

RE: L08000051952 – Credence Biologicals, LLC

To Whom It May Concern:

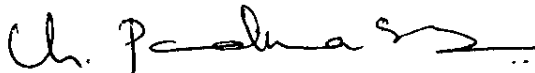
Enclosed are Articles of Amendment to the Articles of Organization of the above named company. We are submitting an amendment for a name change.

We had sent papers doing this in early March, along with a check for the fee of \$30. The check has been encashed (please see copy from the bank), however, the name change has not taken affect. We did call the Department of State and were told that there was no paperwork for this name change.

We, therefore, are submitting the paperwork again. We have not sent a new check with this work as, noted above, the fee has been paid.

Should you have questions regarding this matter please contact me at 561-627-6412.

Truly,

A handwritten signature in black ink, appearing to read "Ch. Padmasree", followed by a long horizontal flourish.

Padmasree Chigurupati

Enc.

COVER LETTER

**TO: . Registration Section
Division of Corporations**

SUBJECT: Credence Biologicals, 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:

Padmasree Chigurupati

Name of Person

127 West Bears Club Drive

Firm/Company

Address

Jupiter, FL 33477

City/State and Zip Code

Padma@hemarus.com

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

For further information concerning this matter, please call:

Padmasree Chigurupati

Name of Person

at (561) 627-6412

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

2011 MAY 12 AM 11:56

Credence Biologicals, LLC

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

DEPT. OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on May 27, 2008 and assigned
Florida document number Lo8000051952.

This amendment is submitted to amend the following:

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

Plutus Business Ventures, LLC

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

Enter new principal offices address, if applicable:

127 West Bears Club Drive

(Principal office address MUST BE A STREET ADDRESS)

Jupiter, FL 33477

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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated May 9th, 2011

U. Padmasree

Signature of a member or authorized representative of a member

Padmasree Chigurupati

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY 12 AM 11:46

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