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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	• #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE
SECRETARY OF STATE

T. CLINE

JUL 1.3. 2010

EXAMINER

COVER LETTER

TO:

Registration Section

Division of C	Corporations		•		
SUBJECT:	Bid Fo	or Health, LLC			
		ited Liability Company			
			•		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	,*		
Please return all corres	pondence concerning this matte	er to the following:			
			•		
		Randy Kirshbaum			
		Name of Person			
	• -	. w	•		
		T' V	***************************************	7-	
		Firm/Company			
	18	18349 Coral Chase Drive			
		Address		•	
	ī	Boca Raton, FL 33498		AS E	
		City/State and Zip Code			•
		·	ı	SECRETAR'	4
	E-mail address:	Randy183@aol.com (to be used for future annual report i	notification)	12 SS(8)	1
		•	ionnounou)		
For further information	n concerning this matter, please	call:		등의 😇	
Ra	andy Kirshbaum	at (561)	482-9822	RAIN SS	
Name	e of Person		ytime Telephone Number		
	•				
Enclosed is a check for	r the following amount:		•		
	_	Dage on Pill - P - 0			
▼ 323.00 Filing Fee	(additional copy is enclosed) Certified		Certificate (cosed)	e of Status &	
			1		
	ILING ADDRESS:		URIER ADDRESS:		
	stration Section sion of Corporations	Registration Se Division of Co			
P.O.	Box 6327	Clifton Buildin	ng		
Talla	ahassee, FL 32314		e Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bid For Hea	alth, LLC		
(Name of the Limited Liability Compan (A Florida Limited Liability Company)	y as it now appeability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Company v	vere filed on	March 1, 2010	and assigned
Florida document numberL10000022955		·	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company he	e <u>re</u> :	
FUTR Ventur	res LLC	-	<u></u>
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Comp	pany," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			SEC E
(Principal office address MUST BE A STREET ADDRESS)			AHASS
		,	mon 3
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)	,		55 S
B. If amending the registered agent and/or registered offi	ce address on	our records enter	the name of the ne
registered agent and/or the new registered office address here:		our rocords, once	the name of the ne
Name of New Registered Agent:		I	
New Registered Office Address:		4	
- · · · · - · · · · · · · · · · · · · ·	E	nter Florida street add	dress
		, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member **Title** <u>Address</u> **Type of Action** Name MGRM Ben Chen 17 Yorkshire Road **☑** Add New Hyde Park, NY 11040 Remove Add Remove Add 🗌 Remove ∏ Add Remove 田説 □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member Randy Kirshbaum Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00