## 110000051945

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(City (Chata Tiny Dhave 40)
(City/State/Zip/Phone #)
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CHETARY OF STATE
LAHASSEE FLORIDA

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 

BIODE ZINE	GROBAL	SOLUTION	S LLC	,
(Name of the Lir	nited Liability Company as (A Florida Limited Liabili	SOLUTION it now appears on our records. ty Company)	.)	
The Articles of Organization for this Limited Florida document number	Liability Company were	<i>U</i> 1		iigned
This amendment is submitted to amend the fo	ollowing:			
A. If amending name, enter the new name	of the limited liability	company here:		
The new name must be distinguishable and contain the	e words "Limited Liability Co	ompany," the designation "LLC"	or the abbreviation "L.	.IC."
Enter new principal offices address, if app	licable:			
(Principal office address MUST BE A STRI	EET ADDRESS)		<u>,</u> 골s	
Enter new mailing address, if applicable:			7 CT 31 GHE JARY	
(Mailing address MAY BE A POST OFFIC	E BOX)			
B. If amending the registered agent an registered agent and/or the new registered		address on our records,	enter the name	of the new
Name of New Registered Agent:	PANKAJ	T. JESA TREELINE	· · · · · · · · · · · · · · · · · · ·	<del></del>
New Registered Office Address:	59407	Enter Florida street address		<del></del>
		City Flor	rida <u> </u>	9_
New Registered Agent's Signature, if changin	g 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

<u>Title</u>	Name Address	Type of Action
M	Name  KAL-PANA P. DESAi 39407 IRECLIA  DRIVE  LANY LAKE FL	JE XAdd
	LADY LARE, FL	321577_ = Remove
		☐ Change
TS)	RUPAL P. DESA' 39407 TREELINE LADY LAKE FL 32	A. KAdd
	LADY LAKE FL 32	Remove
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ective date, if other than the date of filing:	(optio	mal)	
effective date is listed, the date must be specific and cannot be prior to date of fi	iling or more than 90 days after	filing.) Pursuant to (	605.020
te: If the date inserted in this block does not meet the applicable statut nument's effective date on the Department of State's records.	ory filing requirements, this	date will not be i	listed a
record specifies a delayed effective date, but not an effe	ective time, at 12:01 a	.m. on the ea	rli <b>e</b> r d
he 90th day after the record is filed.			
10/20/10			
$\operatorname{led} = \frac{10}{25} \left( \frac{25}{25} \right) = \frac{1}{25}$	. / -		
/ Willey 1.	HSW_		
Signature of a member or authorized repre	sentative of a member		-
(Paris ATT C)	4-1		
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