

L110000097790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

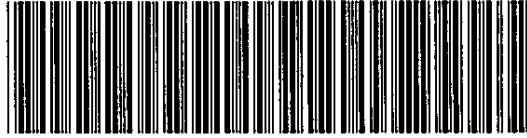
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEXAGEN, 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:

PITTER JOSE MATERANO GARFIEL
Name of Person

DEXAGEN, LLC
Firm/Company

5278 N.W. 114th AVENUE, #102
Address

DORAL, FLORIDA 33178
City/State and Zip Code

dexagenllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PITTER JOSE MATERANO GARFIEL at (305) 988-2383
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)
- \$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**

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

The Articles of Organization for this Limited Liability Company were filed on 8-25-2011 and assigned Florida document number L11000097790.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable: 5278 N.W. 114th AVENUE, #102
(Principal office address MUST BE A STREET ADDRESS) DORAL, FLORIDA 33178

Enter new mailing address, if applicable: 5278 N.W. 114th AVENUE, #102
(Mailing address MAY BE A POST OFFICE BOX) DORAL, FLORIDA 33178

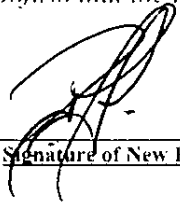
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: PITTER JOSE MATERANO GARFIEL
New Registered Office Address: 5278 N.W. 114th AVENUE, #102
Enter Florida street address
DORAL, Florida 33178
City *Zip Code*

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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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PITTER JOSE MATERANO GAR	5278 N.W. 114th AVENUE, #102.	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	JHONNY A. BELLO	11324 N.W. 74 TERRACE, MIAM	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

ARTICLE IV: REMOVE JHONNY A. BELLO SR AS REGISTERED AGENT. 11324 N.W. 74 TERRACE,
MIAMI, FL.33178

ARTICLE III: ADD: PURCHASE AND SALE, IMPORT AND EXPORT AND DISTRIBUTION OF PRODUCT
OF INDUSTRIAL SAFETY, AS WELL AS ANY AND ALL LAWFUL BUSINESS.

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TALLAHASSEE, FLORIDA

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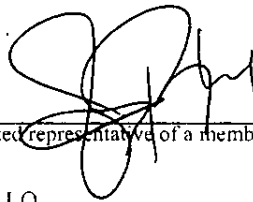
E. Effective date, if other than the date of filing: SEPTEMBER 28, 2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated SEPTEMBER 28, 2015



Signature of a member or authorized representative of a member

JHONNY A. BELLO

Typed or printed name of signee