L11000098265

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EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

Division of Co				
SUBJECT:	Bio-Pro Res	search Capital, LLC		
		ited Liability Company	120	
			SE	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	· S	
Please return all corresp	ondence concerning this matter	r to the following:	1 SEP-6 M.	
		Roger J.L. Grenier	.	
Name of Person				
F		Fill-Pac, LLC		
		Firm/Company		
1140 Tota Blvd. SE				
		1140 Tate Blvd, SE Address		
	Hickory, North Carolina 28602 City/State and Zip Code			
rgrenier@bio-proresearch.com E-mail address: (to be used for future annual report notification)				
For further information	concerning this matter, please o	call:		
D	oger Grenier	at (828)	404-3111	
	of Person		aytime Telephone Number	
Enclosed is a check for t	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is end	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAIL	ING ADDRESS:	STREET/CO	DURIER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bio-Pro Researd (Name of the Limited Liability Compa (A Florida Limited I	ch Capital, LLC ny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL11000098265	ch Capital, LLC ny as it now appears on our records.) Liability Company) were filed onAugust 26, 2011 and assigned	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	1701 Biotech Way	
(Principal office address MUST BE A STREET ADDRESS)	Sarasota, FL 28602	
Enter new mailing address, if applicable:	1701 Biotech Way	
(Mailing address MAY BE A POST OFFICE BOX)	Sarasota, FL 28602	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City Zin 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 Title **Type of Action** <u>Name</u> Address Add Remove ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 09.01.11 Signature of a member or authorized representative of a member Roger Grenier Typed or printed name of signee

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Filing Fee: \$25.00