L120VV019035

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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EXAMINER



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COVER LETTER

10:	Division of Corp			A	
SUBJE	ECT:	BioSE	ET Group LLC		
		Name of Lim	ited Liability Company		
The end	closed Articles of A	Amendment and fee(s) are su	bmitted for filing.	2 H.Y. 7 M. 82.23	4
		ndence concerning this matte	· ·		2
ricase	return an correspor	idence concerning this matte	r to the following:		ڊ ۾
				Q.	•
			Dan Baron		
			Name of Person		
		Т	he BioSet Group LLC		
			Firm/Company		
	;		1728 Corporate Drive		
			Address	<u>, </u>	
		Boyr	nton Beach, Florida 33426		
			City/State and Zip Code		
			dan@cartolith.com		
			to be used for future annual report notifica	ition)	
For furt	ther information co	ncerning this matter, please	call:		
	D	an Baron	at (561) 3	69-4200	
Name of Person		Person	Area Code & Daytime	Felephone Number	
Enclose	ed is a check for the	e 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

The Control of the Limited L. (A.F.)	ne BioSET Group LLC iability Company as it now appears lorida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liab Florida document numberL120000190	· ·	2/08/2012 and assign 68
This amendment is submitted to amend the follow A. If amending name, enter the new name of the		;
The new name must be distinguishable and end with to "L.L.C."		y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicab (<u>Principal office address MUST BE</u> A STREET.		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic	•	or records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Ente	er 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>	Name	Address	Type of Action
MGR	Theramedix Inc.	1728 Corporate Drive Boynton Beach, Florida 33426	Add Remove
MGR	Dan Baron	1728 Corporate Drive Boynton Beach, Florida 33426	/ Add ☐ Remove
MGR_	Dawn Risko	1728 Corporate Drive Boynton Beach, Florida 33426	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_
			-
	2042		_
Dated	, 2012	authorized representative of a member	<u></u>
	•	authorized representative of a member Dan Baron	
_	and the second s	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00