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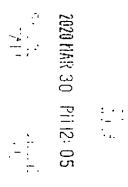
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COVER LETTER

TO: Registration S Division of Co			
	BIOLOGICS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	<u>-</u>	
	W. Riley Allen, Esq.		
		Name of Person	
	Riley Allen Law		
		Firm/Company	
	429 S. Keller Road, Suite 2	220	
		Address	
	Orlando, Florida 32810		
		City/State and Zip Code	
	RileyAllen@floridatriallaw E-mail address: (yer.com to be used for future annual report notific	ation)
For further information of	concerning this matter, please of	-	,
W. Riley Allen, Esq.		407 838-2000 at ()	
Name (of Person		Celephone Number
Enclosed is a check for t	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 Addre Registration		Street Address: Registration Secti	ion

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

BLUE TIP BIOLOGICS, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on 5/2/2012	and assigned
Florida document number L12000060704		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or	the abbreviation "L.I.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2020 HAR
		30
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		PH (
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	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 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
MGR	Coleman Watson	8766 Ribault Avenue	= Add
		Orlando FL 32832	□Remove
			□Change
			
			□Remove
			□Change 7070 HAN 30
			□ Remove □ □ Change □ Change
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record specifies a d Lis filed.	lelayed effective da	te, but not a	an effective tin	ne, at 12:01 a.:	m. on the earl	ier of: (b) T	he 90th day aft	er the
ated March 27	\bigcirc 1		2020					
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	V/Stg	nature of a m						
W. Riley		nature of a m		•				

Filing Fee: \$25.00