L12000125104

| (Re | questor's Name) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ві | ısiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE

Office Use Only

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T. HAMPTON

COVER LETTER

| Divis | sion of Corp | orations | | |
|------------------------------------|---------------|--|---|---|
| SUBJECT: | BROMITAI | LL BIOMEDICAL LLC | | |
| SOBJECT: | | Name of Lim | ited Liability Company | |
| The enclosed | Articles of A | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return a | all correspor | ndence concerning this matter | to the following: | |
| | | JERRY AHLERSMEYER | | |
| | | | Name of Person | |
| BROMITALL BIOMEDICAL LLC | | | | |
| Firm/Company | | | | |
| | | 9611 US HWY 1, #322 | | |
| | | | Address | |
| | | SEBASTIAN, FL 32958 | | |
| | | | City/State and Zip Code | · · |
| | | INFO@BROMITALL.CON | | |
| | | E-mail address: (1 | to be used for future annual report notific | eation) |
| For further inf | formation co | ncerning this matter, please ca | all: | |
| JERRY AHLERSMEYER 754 3009955 at (| | | | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed is a | check for the | e following amount: | | |
| □ \$25.00 Fil | ling 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

Registration Section

TO:

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

BROMITALL BIOMEDICAL LLC

(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 | ware filed on OCTOBER 1, 2012 | and assigned |
|--|---|--------------------------|
| | were filed on | and assigned |
| Florida document number L12000125104 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab | iliter oo maany hana | 15 JUL C |
| BROMITALL LLC | | 3355 8 74 8 8 0 8 |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or t | |
| Enter new principal offices address, if applicable: | 9611 US HWY 1, #322 | ORIDE STATE |
| (Principal office address MUST BE A STREET ADDRESS) | SEBASTIAN, FL 32958 | D |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of | | nter the name of the new |
| registered agent and/or the new registered office address her | <u>e</u> : | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | , Florida | A Zip Code |
| New Registered Agent's Signature if changing Decistored Agents | • | -r |

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

| | Authorized Member | | |
|--------------|-------------------|--------------|---------------------------|
| <u>Title</u> | Name | Address | Type of Action |
| | | ****** | Add |
| | | | Remove |
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| ective date, if other than th | e date of filing: AU | GUST 1, 2015 | (0 | ptional) | |
| n effective date is listed, the date ma | ust be specific and cannot | be prior to date of filin | g or more than 90 days a | after filing.) Pursuant to 6 | 05.020° |
| te. If the date inserted in this h | Department of State's | records. | ming requirements, | inis date will not be in | isieu a: |
| te: If the date inserted in this burnent's effective date on the l | | | | | |
| te: If the date inserted in this b | | | | | |
| te: If the date inserted in this becament's effective date on the l | d effective date, | but not an effect | ive time, at 12:0 | 1 a.m. on the ear | dier o |
| te: If the date inserted in this b | ed effective date, cord is filed. | but not an effect | ive time, at 12:0 | 1 a.m. on the ear | rlier o |
| te: If the date inserted in this bounders's effective date on the large record specifies a delaye he 90th day after the re | cord is filed. | | ive time, at 12:0 | 1 a.m. on the ear | rlier o |
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Filing Fee: \$25.00