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COVER LETTER

TO: Registration Section
Division of Corporations

BIODYNAMIC MOLECULAR TECHNOLOGIES, LLC

SUBJECT:

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:

GARY D. ALEXANDER

Name of Person

Firm/Company

4285 SW MARTIN HIGHWAY

Address

PALM CITY, FL 34990

City/State and Zip Code

Gary@Technology-River.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARY ALEXANDER

.,_/772、380-4320

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

BIODYNAMIC MOLECULAR TECHNOLOGIES, 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 (Florida document number L13000064467	Company were filed on 05/02/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ade		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
	, F	lorida
	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 **Type of Action** <u>Title</u> <u>Address</u> Name 1 1313 S. KILLIAN DRIVE Add GARY R. SMITH **MGRM** LAKE PARK, FL 33403 Remove Remove Remove Remove

ding any other information	i, enter change(s) her	e: (Attach additional sheets, if necessary.)
MAY 14	2013	
MAY 14	2013 Atm / E).	Alward
	Ham/D.	Alymal rized representative of a member
	ding any other information	ding any other information, enter change(s) her

Page 3 of 3

Filing Fee: \$25.00