

# L13000100879

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600250296086

08/08/13--01024--024 \*\*25.00

FILED  
2013 AUG -8 PM12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG -9 2013

J. BRYAN

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: REGENLAB USA LLC  
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:

DAVID F ROBERTS

Name of Person

DAVID F ROBERTS, PA

Firm/Company

601 BRICKELL 429 DR, SUITE 702

Address

MIAMI, FL 33131

City/State and Zip Code

DFR@BELLSOUTH.NET

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

For further information concerning this matter, please call:

DAVID F ROBERTS, ESQ

Name of Person

at (305) 632 1326

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

FILED  
2013 AUG -8 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

REGENLAB USA 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 were filed on July 16, 2013 and assigned  
Florida document number L13000100879.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation  
"L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new  
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter 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> | <u>Name</u>            | <u>Address</u>              | <u>Type of Action</u>                   |
|--------------|------------------------|-----------------------------|-----------------------------------------|
| MGRM         | EDWARD RALTHASAK       | 601 BRICCELL KEY DRIVE      | <input checked="" type="checkbox"/> Add |
|              | FREIHERR VON HORNSTEIN | SCITE 702, MIAMI, FL, 33131 | <input type="checkbox"/> Remove         |
|              |                        |                             | <input type="checkbox"/> Add            |
|              |                        |                             | <input type="checkbox"/> Remove         |
|              |                        |                             | <input type="checkbox"/> Add            |
|              |                        |                             | <input type="checkbox"/> Remove         |
|              |                        |                             | <input type="checkbox"/> Add            |
|              |                        |                             | <input type="checkbox"/> Remove         |
|              |                        |                             | <input type="checkbox"/> Add            |
|              |                        |                             | <input type="checkbox"/> Remove         |
|              |                        |                             | <input type="checkbox"/> Add            |
|              |                        |                             | <input type="checkbox"/> Remove         |

FILED  
2013 AUG 8 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

---

---

---

---

---

Dated July 26, 2013.

Edward von Hohnstein  
Signature of a member or authorized representative of a member

Edward FREIHEK VON HOKNSTEIN  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
2013 AUG - 8 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA