

06/25/2031 23:33

**L13000108130**

Florida Department of State  
Division of Corporations  
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#555 P. 001/003

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(((H13000180596 3)))



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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BIOMED PLASMAPHERESIS, LLC**

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AUG 15 2013

J. DRYAN

H13000180596  
**ARTICLES OF AMENDMENT  
 TO  
 ARTICLES OF ORGANIZATION  
 OF**

Biomed Plasmapheresis, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
 (A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 08/01/13 and assigned  
 Florida document number L13000108130

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**)

319 N KROME AVE.  
HOMESTEAD FL. 33030

Enter new mailing address, if applicable:

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

319 N KROME AVE.  
HOMESTEAD FL. 33030

**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:

319 N KROME AVE.

Enter Florida street address

HOMESTEAD, Florida 33030

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

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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

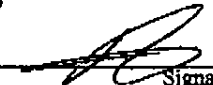
MGRM = Managing Member

Title	Name	Address	Type of Action
			<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

CHANGE ALL MANAGING MEMBERS  
ADDRESS TO 319 N KROME AVE  
HOMESTEAD FL. 33030

Dated August 14, 2013.

  
 Signature of a member or authorized representative of a member  
PEDRO H. ACEVEDO SR  
 Typed or printed name of signee

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