

L130000142946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

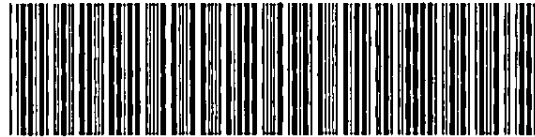
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

07/02/21

S.C.



100366439541

06/02/21--01016--006 **253.00

2021 JUN -2 A 11:24

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BIOTECH PHARMACEUTICAL GROUP 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:

EDWIN A SANCHEZ

Name of Person

BIOTECH PHARMACEUTICAL GROUP LLC

Firm/Company

7171 CORAL WAY SUITE 501

Address

MIAMI, FL 33155

City/State and Zip Code

ESANCHEZ@BIOTECHPG.COM

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

For further information concerning this matter, please call:

EDWIN A SANCHEZ

786

353-9711

at ()

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 Address:

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

2021 JUN -2

711-11

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

BIOTECH PHARMACEUTICAL GROUP 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 10/21/2013 and assigned
Florida document number L13000142946.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain 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:

EDWIN A SANCHEZ

New Registered Office Address:

7171 CORAL WAY SUITE 501

Enter Florida street address

MIAMI

Florida

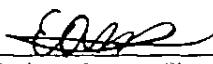
33155

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	JAIME M RAVENTOS	7171 CORAL WAY SUITE 501	<input type="checkbox"/> Add
		MIAMI, FL 33155	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	HEALTH ALLIANCE LLC	7171 CORAL WAY SUITE 501	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33155	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

JUN 2 11:24 AM '17

2021 JUN -2

2021 JUN -2 A 11: 23

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 05/28 2021

James M. Bavel
Signature of a member or author

Signature of a member or authorized representative of a member

Jaime M. Raventos
Typed or printed name of signee

Typed or printed name of signee

Filing Fee: \$25.00