

617 000 167 116

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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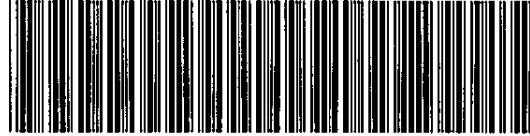
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Stivers APR 30 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

BIOPLAST 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:

Christian Sanchelima, Esq.

Name of Person

Sanchelima & Associates, P.A.

Firm/Company

235 SW Le Jeune Road

Address

Miami, Florida 33134

City/State and Zip Code

tm@sanchelima.com

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

For further information concerning this matter, please call:

Christian Sanchelima, Esq.

305 447-1617

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

BIOPLAST 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 12/03/2013 and assigned
Florida document number L13000167116.

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 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

At the beginning of the calendar year, the Manager or Authorized Member shall enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	JOSE ARTEAGA	151 E Porter Run Dr.	<input checked="" type="checkbox"/> Add
		Collierville, TN 38017	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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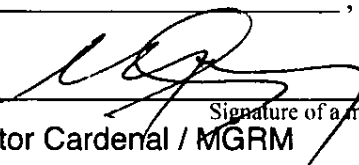
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 APR 23 AM 7:10
Add

By attaching any other information, later change(s) here (attach additional sheets, if necessary)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **February 5**, **2015**



Signature of a member or authorized representative of a member
Victor Cardenal / MGRM

Typed or printed name of signee

FILED
15 APR 23 AM 7:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

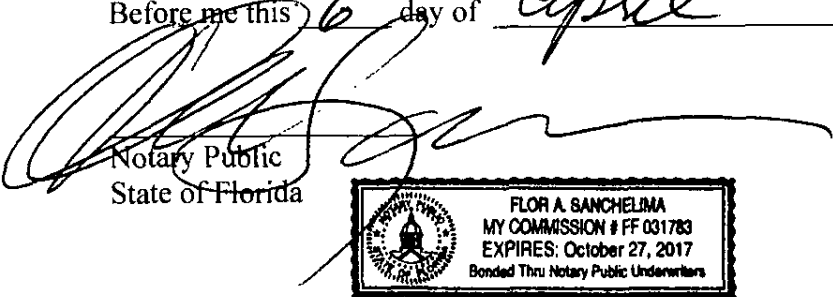
COUNTY OF MIAMI-DADE

Before me, the undersigned authority, personally appeared

VICTOR CARDENAL
who, being duly sworn, deposes and says that the attached DL are true and correct to
the best of his/her knowledge, information, and belief.

SWORN TO AND SUBSCRIBED

Before me this 6 day of April, 2015.


Notary Public
State of Florida



My Commission Expires: