

Florida Department of State
Division of Corporations
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((H16000006504 3)))



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To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : CORP USA
 Account Number : 072450003255
 Phone : (305) 634-3694
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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BIO DOSE PHARMA, LLC

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EFFECTIVE DATE

1/8/16

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Corporate Filing Menu

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JAN 11 2016

S. YOUNG

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H16000006504

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BIO DOSE PHARMA, 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:

PEDRO M. GALLINAR

Name of Person

PEDRO M. GALLINAR & ASSOCIATES, PA

Firm/Company

6701 SUNSET DRIVE, STE 100

Address

MIAMI, FLORIDA 33143

City/State and Zip Code

PEDRO@PGALLINARCPAS.COM

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

For further information concerning this matter, please call:

PEDRO M. GALLINAR

Name of Person

305

668-4848

at ()

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

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TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BIO DOSE PHARMA, 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 JANUARY 23, 2014 and assigned
Florida document number L14000012470

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

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

City, Florida 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>
MGR	FRANCISCO APARICIO	10200 NW 67 STREET	<input type="checkbox"/> Add
		TAMARAC, FL 33121	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHAEL MORELLI	10200 NW 67 STREET	<input type="checkbox"/> Add
		TAMARAC, FL 33321	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RAIMUNDO SANTAMARTA	10200 NW 67 STREET	<input checked="" type="checkbox"/> Add
		TAMARAC, FL 33321	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	REINALDO SANTAMARTA	10200 NW 67 STREET	<input checked="" type="checkbox"/> Add
		TAMARAC, FL 33121	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RAINALDO SANTAMARTA	10200 NW 67 STREET	<input checked="" type="checkbox"/> Add
		TAMARAC, FL 33121	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RAINALDO SANTAMARTA	10200 NW 67 STREET	<input checked="" type="checkbox"/> Add
		TAMARAC, FL 33121	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

PLEASE, REMOVE AUTHORIZED PERSON, EVELYN BOSCAN.

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 1/8/2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

(b) The 90th day after the record is filed.

Dated

Signature of a member or authorized representative

RAIMUNDO SANTANA

Typed or printed name of signee

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Filing Fee: \$25.00

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