#695 P.001/004

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## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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Division of Corporations

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From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353

: (800)221-2972

Phone Fax Number : (888)692-9256

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CRYOS INTERNATIONAL - FLORIDA, LLC

Certificate of Status	0
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AUG 15 2014

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From:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRYOS INTERNATIONAL - FLORIDA, LLC

(Name of the Limited 1.1a (A Plan	bility Company as it now appears on our records.) rida Limited Limbility Company)	
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on 02/04/2014	and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the li	imited liability company here:	
Cryos International - USA, LLC		
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 AD	DRESS)	5.5 60 11
		Miles To have
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		(f)
		3×1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or re registered agent and/or the new registered office a		enter the name of the new
Name of New Registered Agent:		
New Registèred Office Address:	Enter Florida streot address	
	. Flo	rida
	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

From:

08/14/2014 08:41 #695 P.003/004

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Ms AMBR = A	anager Ithorized Member		
Title	Name	Address	Type of Action
			□ Add
			□ Remove
	The state of the s	-	D Add
			CI Romove
		apatan da	
<del> </del>			NILCO SIGN
			ALCO Remove
			Remove
	****		DbA □
		***************************************	☐ Remove
	**************************************	<del>-</del>	□ Add
			☐ Remove

D. If amending any other information, enter cl	nange(s) here: (Atto	ach additional sheets, if necessary.)
_		
	<u></u>	(n. 12 B
Effective date, if other than the date of flling (The effective date must be specific, cannot be prior to da the date this document is filed by the Florida Department	te of receipt or filed date	(optional) and cannot be more than 90 days after
Dated August 13	2014	$\mathcal{O}^{\mathcal{A}}$
	•	(li hui
Signature of a	nember or authorized re	presentative of a member
Ole Schou		
	Typed or printed name	of signee

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