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To:			, .
	Division of Con	rporations	<u>.</u> - ,
	Fax Number	: (850) 617-6383	•-
			: : سوز و ،ر
From:			
	Account Name	: FASTRIT CORP	<u> </u>
	Account Number	: 120100000009	•••
	Phone	: (305)599-0839	
	Fax Number	: (305) 592-9591	47.
	•		
**Enter the em	mail address for	this business entity to be used for	future
annual re	eport mailings.	Enter only one email address please.	••

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Help

J. HAF

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BIOLIFE USA LLC		
(Name of the Utraite	d Liability Company of It now supers A Florida Limited Liability Company)	s on our records.	
The Articles of Organization for this Limited Liz	bility Company were filed on	JUNE 26, 2018	and assigned
Florida document number L1400008367	<u>75</u> .		
This amendment is submitted to amend the following	wing:		
A. If amending name, enter the new name of	the limited liability company ho	re:	
The new name must be distinguishable and contain the we	rds "Limited Linbillty Company," the d	esignation "LLC" or the ab	brevlation "L.L.C."
Enter new principal offices address, if applica	hle:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u>o.v;</u>		
B. If amending the registered agent and/or the new registered offi		our records, enter	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ldu steput addrest	
	2007 र स्व		
	City	Florida	Zip Cude

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

Page 1 of 3

2018 JUN 27 AM 8:01

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

Title	Name	Address	Type of Action	
MGRM	JCAQUIN EIXSARCH	17890 W DIXIE HWY # 307		
		NORTH MIAMI BEACH	Bitcheve	
		FLORIDA 33160	□ Change	
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Page 2 of 3

). If umendin	g any other information	, enter change(s) here: (Alloc	h additional sheets, if necessary.)	
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decument's of	fective date on the Departm	nent of State's records.	(optional) lag or more than 90 days after filing.) Pursuant i ry filing requirements, this date will not be	i listed as the
ne record sp The 90th	eacifies a delayed effe day after the record is	ctive date, but not an effec i filed.	ctive time, at 12:01 a.m. on the e	eriler of:
Dated	JUNE 26	2018		
	Affel-	efect-		
		or it member or nuthorized represe	intalive of a member	-
		GUSTAVO JOSE SUJMA		
		Typed or printed name of sig	giec	-
		Page 3 of 3)* ***
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