

L140000188602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

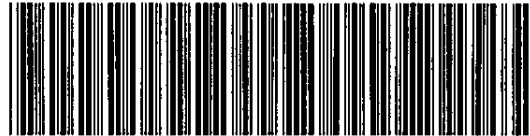
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ☒

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 MAR 10 PM 1:10

Amend/cus
(10 3/30/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EOS BIO SOLUTIONS 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:

ROBERTO J DE FEX

Name of Person

EOS BIO SOLUTIONS LLC

Firm/Company

5413 NW 82 AVE

Address

DORAL, FLORIDA 33166-4021

City/State and Zip Code

ali_habibi@yahoo.com

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

For further information concerning this matter, please call:

MARCELO ALI

305 417-3716
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

EOS BIO SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 MAR 10 PM 1:10

The Articles of Organization for this Limited Liability Company were filed on December 10, 2014 and assigned
Florida document number L14000188602.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5413 NW 82 AVE

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FLORIDA , 33166-4021

Enter new mailing address, if applicable:

5413 NW 82 AVE

(Mailing address MAY BE A POST OFFICE BOX)

DORAL, FLORIDA , 33166-4021

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:

ROBERTO J DE FEX

New Registered Office Address:

5413 NW 82 AVE

Enter Florida street address

DORAL

City

, Florida 33166-4021

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 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 = Manager
AMBR = Authorized Member

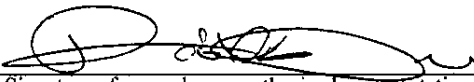
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ROBERTO J DE FEX	5413 NW 82 AVE	<input checked="" type="checkbox"/> Add
		DORAL, FLORIDA , 33166-4021	<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) 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 MAR 03, 2015.



Signature of a member or authorized representative of a member
Roberto J. De Fex

Typed or printed name of signee