5/30/2017

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H170001451563)))



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To:

Division of Corporations

: (850)617-6383

From:

: ACCOUNT BOOKKEEPING CORP Account Name

Account Number : I20120000055

: (407)898-1757

Fax Number

: (407)897-5336

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

Email	Address	

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Electronic Filing Menu

Corporate Filing Menu

S. WARREN

MAY 3 1 2017

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

	BIO ELE			
(Name of the Lin	Ited Liability Comp. (A Florida Limited	any as it now appears Liability Company)	on our records.	
The Articles of Organization for this Limited	Liability Company	y were filed on	04/02/2015	and assigned
Florida document number L15000058785	<u> </u>			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	oility company her	e:	
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the de	rignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	5301 CONROY RD STE140		
(Principal office address MUST BE A STREET ADDRESS)		ORLANDO, FL	32811	
				<u>. </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ORLANDO, FL 32811		
3. If amending the registered agent and egistered agent and/or the new registered of	office address her			the name of the
Name of New Registered Agent:				
	5301 CONROY	Y RD STE140		
Name of New Registered Agent: New Registered Office Address:	5301 CONROY		a street address	
	5301 CONROY ORLANDO		a street address , Florida 32	2811

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 A

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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	<u>Name</u>	Address	Type of Action
MGR	Rolim Valeixo, Roberto Cesar	5301 CONROY RD STE 140	
		ORLANDO, FL 32811	□ Remove
			■ Change
MGR	Rolim Valeixo, Doroti S	5301 CONROY RD STE 140	
		ORLANDO, FL 32811	□ Remove
			☐ Change
			Add
			□ Remove
			Change
		7: -:	□ Add
			☐ Remove
			□ Change
			Add
		`	☐ Remove
			☐ Change
			SCOVE DARemove
	Page 2	of3	PM 12: 20

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	any other mioritati	on, enter change(s) i	nere: (Attach additiona	il sheels, if neces.	sary.)
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an effective ote: If the ocument's e record	ate, if other than the da date is listed, the date must be date inserted in this block effective date on the Depa specifies a delayed en day after the record	e specific and cannot be priceduced to the application of State's record affective date, but r	for to date of filing or more t licable-statutory filing red ds.	quirements, this da	ng.) Pursuant to 603.0 te will not he listed
ited	MAY 26	2017			
		17/1//			
	Sig	gnature of a member or au	thorized representative of a	member	
	- u		AR ROLIM VALEIXO		7 H
					AX 30
_		Typed or prid	nted name of signee		س تدین

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