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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

MAR 0 7 2016 S. YOUNG

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bioinic Institute ISI LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records a Limited Liability Company)	<u>s.)</u>
The Articles of Organization for this Limited Liability C Florida document number 15000144233	Company were filed on 8-21-2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
Bioionic Institute ISI LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SEGT TALL
(Principal office address MUST BE A STREET ADDI	RESS)	THE PRESENTATION OF THE PR
		7 0 25 E
		# MO
Enter new mailing address, if applicable:		P F
(Mailing address MAY BE A POST OFFICE BOX)		* ************************************
Market Marie Marie De		ज 🖫
B. If amending the registered agent and/or registered agent and/or the new registered office add		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street 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

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 Type of Action Name Address** NutraMax LLC ENTITY # **MBR** 685 Scarlet Oak Circle Add

LISO00123183 Unit 125 Altamonte springs, FL 32701 Change NutraMax LLC

685 Scarlet Oak Circle Add

ENTITY # L15000123183 Unit 125 Altamonte Springs, FL 32701 **AMBR** □ Remove ☐ Change ☐ Remove □ Change □ Add ☐ Remove _□ Change ☐ Add ☐ Remove

☐ Change

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Sective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of fite: If the date inserted in this block does not meet the applicable statut cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effe he 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier o
February 2 2016	
ted 100 day 2	

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