Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 ; (855)498-5500 Phone Fax Number : (800)432-3622

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

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BIOTECH LABORATORIES U.S.A. LLC

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COVER LETTER

TO:

Registration Section
Division of Corporations

Distinguis C	a Cor bor mone		
BIOT	TECH LABORATORIES U.S.A. LL	c	
SUBJECT:	Name of Liz	nited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are sul	omitted for filing.	
Please return all co	rrespondence concerning this matter	r to the following:	
	ELLIS R. MIRSKY, ESQ).	
	 	Name of Person	
	MIRSKY AND ASSOCI	ATES, PLLC	
		Firm/Company	
	2 BLUE HILL PLAZA, F	PO Box 1571	
		Address	
	PEARL RIVER, NY 109	54	
		City/State and Zip Code	
	EMIRSKY@MIRSKYLA	W.COM (to be used for future amount report notif	New (co.)
For further informs	ation concerning this matter, please	•	parious
ELLIS R. MIRSK	Y, ESQ.	914 332-4700 st (
, , , , , , , , , , , , , , , , , , ,	Name of Person		e Telephone Number
Enclosed is a check	k for the following amount:		
学\$25.00 Filing l	Foe S30,00 Filing For & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enchosed)

Malling Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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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

MGR ADRIAN ALEXANDRU 8925 COLLINS AVE.	ld
<u>APT.7F</u> ■Re	apove
SURFSIDE, FL 331154-3530	sange
MGR Biotech Holdings U.S.A. LLC MIRSKY AND ASSOCIATES, PLLC	id
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PEARL RIVER, NY 10954	minge
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ctive date, if other than the effective date is listed, the date in listed in this ment's effective date on the	ust be specific and canno block does not meet th	ie applicable statute	ing or more than 90 de	(optional) nys after filing.) Pursus nts, this date will no	nt to 605.02 It be listed
ord specifies a delayed effect filed.	ive date, but not an ef	fective time, at 12:0	l a.m. on the earlie	r of: (b) The 90th	day after ti
d JULY 8	20:	20			
9,/	· ·				
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	Signature of a cascabe	or or authorized repres	ontative of a mornber		_

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