

L150001509777

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160CC0017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

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

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TALLAHASSEE, FLORIDA

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

Certificate of Status	0
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Page Count	05
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Y. SULKER
JUL 09 2020

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BIOTECH LABORATORIES U.S.A. LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/10/2015 and assigned Florida document number L15000150977.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

New Registered Office Address: _____

Enter Florida street address

Florida

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

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TALLahassee, FL
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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ADRIAN ALEXANDRU	8925 COLLINS AVE.	<input type="checkbox"/> Add
		APT. 7F	<input checked="" type="checkbox"/> Remove
		SURPSIDE, FL 331154-3530	<input type="checkbox"/> Change
MGR	Biotech Holdings U.S.A. LLC	MIRSKY AND ASSOCIATES, PLLC	<input checked="" type="checkbox"/> Add
		P.O. BOX 1571	<input type="checkbox"/> Remove
		PEARL RIVER, NY 10954	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

