

L15000166400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

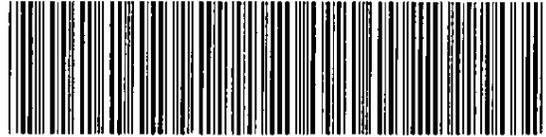
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/20/2008--01041--001 **30.00

2008 JUN 20 5:11:41

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REVANIX BIOMEDICAL 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:

HAEL BARGHOUTI

Name of Person

REVANIX BIOMEDICAL LLC

Firm/Company

10139 NW 31st, STE 102

Address

CORAL SPRINGS, FL, 33065

City/State and Zip Code

FONTANA@LCFCPA.COM

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

For further information concerning this matter, please call:

LUCIANO C FONTANA at (954) 366-5253
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 JUN 20 11:11:41

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	MNAWER, TAGREED	15 RIDGE TERRACE	<input type="checkbox"/> Add
		PATERSON, NJ 07514	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HAEL BARGHOUTI	11925 SW 15 CT	<input checked="" type="checkbox"/> Add
		DAVIE, FL. 33325	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

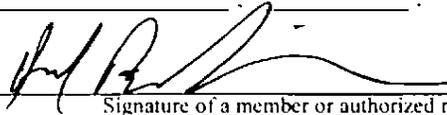
E. Effective date, if other than the date of filing: 05/26/2023 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 8 2023


Signature of a member or authorized representative of a member

HAEL BARGHOUTI

Typed or printed name of signee