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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	Biocellerex l			
SCHOLCT.	······································		nited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Robert Carter		
			Name of Person	
			Firm/Company	
		25 Radcliffe Dr		
			Address	
		Voorhees NJ 08043		
			City/State and Zip Code	
		Bcarter1245@gmail.com		
		E-mail address: (to be used for future annual report noti	fication)
For further in	formation cor	ncerning this matter, please co	ali:	
Bob Carter			609 410 1821	
	Name of I	Person	Area Code Daytime	e Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 Fi	iling 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:

TO:

Registration Section

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

2016 APR 29 PM 3:59
ALLAHASSEE AFLORIDA

Biocellerex, 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 March	1 8, 2016	and assigned
Florida document number L16000048409			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:	;	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the desig	unation "LLC" or the abbre	eviation "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 of registered agent and/or the new registered office address here	fice address on ou	ır records, <u>enter th</u>	e name of the new
The state of the s	•		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida .	street address	
		, Florida	Zip Code
Non-Bardenal A. (A. C)	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ROBERT CARTER	3251 Poplar Ave Suite 150	
		Memphis, TN 38111	■ Remove
			Change
MGR	BDD Global LLC	25 Radeliffe Dr	■ Add
		Voorhees, NJ 08043	□ Remove
	,		☐ Change
			□ Add
			Remove
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n ef	fective date is lis	ted, the date mu	ist be specific	c and canno	ot be prior to	date of fili	ng or more tha	n 90 days afte	er filing.) Pu	rsuant to 605,020 I not be listed as
cun	nent's effective	date on the I	Department	of State's	ne appneau records.	ne statutor	y ming requ	irements, th	is date wil	i not be listed as
re	cord specific	es a delave	d effectiv	ve date.	but not	an effec	tive time.	at 12:01	a.m. on	the earlier o
The	90th day a	fter the rec	cord is fil	ed.			-,			
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Filing Fee: \$25.00