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(Re	equestor's Name)	
(Ad	dress)	
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(Bu	isiness Entity Na	me)
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COVER LETTER

TO:	Registration of	n Section Corporations	
		Bio Solutions L.L.C.	
SUBJE	Name of Limited Liability Company		
The enc	losed Articl	s of Amendment and fee(s) are submitted for filing.	
Please re	eturn all cor	espondence concerning this matter to the following:	
		David Levy	
		Name of Person	_
		Natural Bio Solutions	
		Firm/Company	-
		2522 Longwood Drive	
		Address	-
		Lakeland / Florida 33811	
		City/State and Zip Code dlevyubi@gmail.com	-
		E-mail address: (to be used for future annual report notification)	
For furtl	ner informat	on concerning this matter, please call:	
David I	evy	305 794 4232 at ()	
	N	ne of Person Area Code Daytime Telephone Numbe	
Enclose	d is a check	or the following amount:	
□ \$25.	.00 Filing F	E \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 f Certificate of Status Certified Copy Certified (additional copy is enclosed) Certified	iling Fee, ate of Status &

MAILING ADDRESS:

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

TO ARTICLES OF ORGANIZATION OF

Natural Bio Solutions L.L.C.	
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Li	mited 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 ADD	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address Florida Florida Florida
	City Zip Code
New Registered Agent's Signature, if changing Register	red Agent:
provisions of all statutes relative to the proper and accept the obligations of my position as registered of	t and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is red office address, I hereby confirm that the limited liability e.

If Changing Registered Agent, Signature of New Registered Agent

	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Mohamed Ahmed		Add
	1	1901 Savanna Drive, Champaign, I	■ Remove
			Change
			
			D Remove
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			☐ Change
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Page 2 of 3

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David levy	Signature of a member of	r authorized	representati	ive of a membe	er		
	David levy						

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Filing Fee: \$25.00