

L160000 90231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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05/24/19--01011--008 **25.00

FILED

2019 JUN 26 P 2:15

FILED

JUN 27 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BIOZ CONSULTING, 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:

MARTA CESANI

Name of Person

BIOZ CONSULTING, LLC

Firm/Company

5850 CORAL RIDGE DRIVE, STE. 304

Address

CORAL SPRINGS, FL 33076

City/State and Zip Code

accounting@virtuox.net

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

For further information concerning this matter, please call:

STEVEN LICA

954 344-7075
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 21, 2019

MARTA CESANI
5850 CORAL RIDGE DR STE 304
CORAL SPRINGS, FL 33076

SUBJECT: BIOZ CONSULTING, LLC
Ref. Number: L16000090231

We have received your document for BIOZ CONSULTING, LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

This is a LLC the document you sent in is for a Corporation. I am sending you the corrected forms to file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 419A00012590

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

BIOZ CONSULTING, 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 5/9/2016 **FILED** 2016 JUN 26 P 2 15 and assigned
Florida document number L16000090231

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)

5850 CORAL RIDGE DRIVE, STE. 304

CORAL SPRINGS, FL 33076

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5850 CORAL RIDGE DR. VE. STE. 304

CORAL SPRINGS, FL 33076

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:

STEVEN LICA

New Registered Office Address:

5850 CORAL RIDGE DRIVE, STE. 304

Enter Florida street address

CORAL SPRINGS

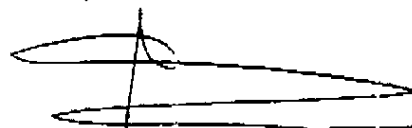
City

Florida 33076

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 505, 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MICHAEL P ZAHALSKY	5850 CORAL RIDGE DR.	<input type="checkbox"/> Add
		STE. 310	<input checked="" type="checkbox"/> Remove
		CORAL SPRINGS, FL33076	<input type="checkbox"/> Change
MGR	STEVEN LICA	5850 CORAL RIDGE DR.	<input checked="" type="checkbox"/> Add
		STE. 304	<input type="checkbox"/> Remove
		CORAL SPRINGS, FL 33076	<input type="checkbox"/> Change
MGR	JONATHAN FEDELE	5850 CORAL RIDGE DR.	<input checked="" type="checkbox"/> Add
		STE 304	<input type="checkbox"/> Remove
		5850 CORAL RIDGE DR.	<input type="checkbox"/> Change
MGR	KYLE MIKO	5850 CORAL RIDGE DR.	<input checked="" type="checkbox"/> Add
		STE 304	<input type="checkbox"/> Remove
		5850 CORAL RIDGE DR.	<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

N/A4/22/19

Effective date, if other than the date of filing: _____ (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.

Dated JUNE 26 2019

STEVEN LICA

Filing Fee: \$25.00