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COVER LETTER

	Registration Se Division of Co				
SIBIRG	ras	SULTING, LLC			
SUBJEC	Name of Limited Liability Company				
The encle	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	urn all correspo	ondence concerning this matter	to the following:		
		Wanda Rosas			
			Name of Person	——————————————————————————————————————	
		BioZenLife ,LLC			
			Firm Company		
		5850 Coral Ridge Dr Suite	: 304		
			Address		
		Coral Springs, FI 33076			
		 -	City/State and Zip Code		
		accounting@virtuox.net			
			to be used for future annual report to	otification)	
For furthe	er information c	oncerning this matter, please e	all:		
Candido:	Sosa		256 274-0298		
	Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed	is a check for t	ne following amount:			
≡ \$25.0	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 tadditional copy is enclosed)	
	Mailing Addres		Street Address:	action.	
Registration Section Division of Corporations		Registration S Division of Co			
i	³ .O. Box 632	7	The Centre of	Tallahassee	
	Fallahassee, I	°L 32314	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

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 65-09-2016 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:
BioZenLife ,LLC
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 BON)
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

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
			□Add
			Remove
		(**************************************	□Change
			🗆 Add
			□Remove
			□Change
			□Add
-			□Remove
			□Change
			□Add
			□Remove
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Effect	ive date, if other than the date of filing: (optional)
(Han eff <u>Note:</u>	rective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records.
the recor	d 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 led.
Dated	March 1/2 2020
	Signature of a member or authorized representative of a member
	Candido Sosa
	Typed or printed name of signee