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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	Certificate	es of Status	
Special Instructions to	Filing Officer		
Special Instructions to Filing Officer:			
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Office Use Only



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TRULING SEE STATE

JUL 19 2016 S. YOUNG

COVER LETTER

-	se Properties		
SUBJECT:	Name of Lin	nited Liability Company	
,			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jaqueline Lage		
		Name of Person	
	Sibila Lage, PA		
		Firm/Company	
	7765 SW 87th Ave, Suite	208	16 JUL 18 PH 2: 15
	<u>-</u>	Address	PH 2:
	Miami, Florida 33173		5.7
	Jacqueline@Sibilalage.com	City/State and Zip Code	<u> </u>
	E-mail address: (to be used for future annual report notif	ication)
or further information of	concerning this matter, please c	all:	
lacqueline Lage		305 541-8300	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	S30.00 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/COURIER ADDRESS:

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

TO ARTICLES OF ORGANIZATION OF

Sery Bioise Properties, LLC	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number	ny were filed on May 25, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
he new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5401 South Kirkman Road, Suite 310, Orlando, FL 32819
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	5401 South Kirkman Road, Suite 310, Orlando FL 328193
Mailing address MAY BE A POST OFFICE BOX)	
If amonding the positional areas and so die accident	
egistered agent and/or the new registered office address he	office address on our records, enter the name of the-nere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Anaserel Fernandez Lasso	5401 South Kirkman Road	☐ Add
•		Suite 310	□ Remove
		Orlando, FL 32819	
			■ Change
			Add
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			□ Change
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Effective date, if other (If an effective date is listed, Note: If the date inserte document's effective date the record specifies at The 90th day after	d in this block does not to e on the Department of to the delayed effective of	meet the applicable s State's records. date, but not an	tatutory filing requirer	nents, this date will n	ot be listed as the
July 14		2016			
Dated		,			
	Signature of a	member or authorized	representative of a memb	per	 _
Jacqueline La	ge, Authorized represen	tative			
		Typed or printed nan	e of signee		

Page 3 of 3

Filing Fee: \$25.00