116000180651

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COVER LETTER

	gistration Se vision of Cor			
SUBJECT:	ONCOTEC	H LLC		
SCBSEC1.		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	J	,
		JOSE PEREZ		
			Name of Person	
		JP GLOBAL BUSINESS S	SOLUTIONS INC	
			Firm/Company	
		1395 BRICKELL AVE SU	IITE 1380	7 70
			Address	
		MIAMI FL 33131		P. F. F.
		MASTER@JPGBUSINESS	City/State and Zip Code	APR 25 PM 3: 36
			o be used for future annual report noti	fication)
For further i	information co	oncerning this matter, please ca	ill:	
FRANK M	ELENDEZ		305 3593700 at ()	
	Name of	f Person		e Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	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 (additional copy is enclosed)
		ING ADDRESS: ation Section	STREET/COURI Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONCOTECH LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 09/27/2016	and assigned
Florida document number L16000180651		
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" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	PR 25
Enter new mailing address, if applicable:		PH 3:
(Mailing address MAY BE A POST OFFICE BOX)		36 55
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	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	MONTES, LILIANA	7026 NW 103RD PATH	Add
		DORAL FL, 33178	□ Remove
			□ Change
			Add
			Remove
			Change
			Remove CR
			APR \$5
,			GRemove
			□ Change
			
			□ Remove
			□ Change
			□ Add
			Remove
			Change.

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		7 <u>P</u>
ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the D	t be specific and cannot be prior to date of filing or mo ock does not meet the applicable statutory filing	(optional) ore than 90 days after filing.) Pursuant to 605.0207 (
e record specifies a delayed The 90th day after the rec	effective date, but not an effective thord is filed.	me, at 12:01 a.m. on the earlier of:
	2017	
APRIL 05TH		
ated APRIL 05TH	Dun Melan le	

Page 3 of 3

Filing Fee: \$25.00