

**L16000208376**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

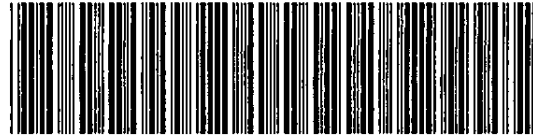
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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APR 04 2017  
**S. YOUNG**

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TALLAHASSEE, FLORIDA  
17 APR -3 PM 2:13

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bio-Fit Solutions 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:

Owen Nunez  
Name of Person

Bio-Fit Solutions LLC  
Firm/Company

805 N Olive Ave Apt #314  
Address

West Palm Beach FL 33301  
City/State and Zip Code

OwenNunez@Ymail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Owen Nunez at ( 954 ) 812-8447  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE, FLORIDA  
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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Bio-Fit Solutions 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 11/14/16 and assigned  
Florida document number L16000208376

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)

805 N olive Ave, Apt #314  
West Palm Beach FL, 33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

805 W olive Ave, Apt #314  
West Palm Beach FL, 33301

**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

City

Florida

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Iskara girona Chamy	4111 N.W 88 AVE	<input checked="" type="checkbox"/> Add
		Coral Springs FL, 33065	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			30%
MGR	Owen Nunez	805 W olive AVE Apt. 3H	<input type="checkbox"/> Add
		West Palm Beach FL, 33301	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			35%
MGR	Sandra Garcia	805 W olive AVE Apt. 3H	<input type="checkbox"/> Add
		West Palm Beach FL, 33301	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			35%
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF SUPERIOR COURT  
JALAPA ASSOC. FL 08100

77 APR 2

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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(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 3-29-17, \_\_\_\_\_

Signature of a member or authorized representative of a member

Owen F. Nunez, MGR  
Typed or printed name of signee