## 116000208376

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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APR 04 2017 S. YOUNG SECRETARY OF STATE

Office Use Only

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Bio-fit Solutions CCC Name of Limited Liability Company	Make Sign
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Bro-fit Solations CCC Firm/Company	
Firm/Company	
805 N Obre Are AP # 3/4	SECTION
City/State and Zip Code (  Com  E-mail address: (to be used for future annual report notification)	AHASSEE EL
For further information concerning this matter, please call:	2: 歸
Name of Person  at (954)  Area Code  Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status (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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Dio-Lit Solution	ne LLC		
(Name of the Limited Liability Compa (A Florida Limited Liability Compa	iny as it now appears on or Liability Company)	ar records.)	,
The Articles of Organization for this Limited Liability Company Florida document number <u>L/6</u> 000 Z 0 $7$ 3 7	were filed on _///	14 16 and a	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designat	ion "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:	805 N	olive Ave , f Beach FL	118年114
(Principal office address MUST BE A STREET ADDRESS)	West Palm	Beach FL	108864
Enter new mailing address, if applicable:	805 N	olive Ave A	PP-#314
(Mailing address MAY BE A POST OFFICE BOX)	west Palm	olive Ave A Beach Pl,	33301
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our <u>e</u> :	records, enter the name	SECRETARY OF TALLER ASSEE, F
Name of New Registered Agent:			<u>ス</u>
New Registered Office Address:	Enter Florida stre	eet address	<u> </u>
		, Florida	
	City	Zip Cod	le
New Registered Agent's Signature, if changing Registered Agent:	•		
I hereby accept the appointment as registered agent and agr.	ee to act in this canac	ity I further garee to car	nnly with the

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 Title **Address** <u>Name</u> **Type of Action** Zoknia givona Chany 4/11 N.W 88 AVE JAdd 
Coral Springs FL, 33065 - Remove ☐ Change Lest Palm Beach F/, 3330 | Remove Sot N olive Ave Aff. 3/4 Add West Palm Beach F1,3334 Remove ? □ Rem ☐ Change ☐ Add · ☐ Remove □ Change ☐ Add □ Remove

☐ Change

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Filing Fee: \$25.00