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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY &F STATE OF CORPUSATIONS

COVER LETTER

SUBJECT:	BIOFN GERTI	PS LLC ed Liability Company	·
•			•
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	<u>José</u>	Autohio Tevus	10
		VETIPS 4.C	
	1935 K	im BALL ST Address	
-	O) e . lo pe	City/State and Zip Code 7 6 biofin gertips. (be used for future annual report notifi	cation)
For further information conc	erning this matter, please cal.	l:	
Jose An	nano Tercero	at (2/5) 279 Area Code Daytime	73 48
Name of Pe	rson	Area Code Daytime	Telephone Number
Enclosed is a check for the for	ollowing amount:		
3 \$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)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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 TO ARTICLES OF ORGANIZATION OF

13.10 TNGERTIPS 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 Mard 29 20	17 and assigned
Florida document number <u> </u>	
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 above	obreviation "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 BOX)	
3. If amending the registered agent and/or registered office address on our records, enter	the name of the new
egistered agent and/or the new registered office address here:	9 %
	18 N.S.
Name of New Registered Agent:	SECRE VISION
New Registered Office Address:	TARE OF C
Enter Florida street address	P RES
	ST. 2
City	Zip Code
ew 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

Title Name Address Type of Action

MGR = Manager
AMBR = Authorized Member

Title Name Address Type of Action

Rua Charles Sponor Chaplin 170 Add

OK a Howing.

Type of Action

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Note: 1	ve date, if other than the ctive date is listed, the date mus f the date inserted in this blut's effective date on the De	ock does not meet the app epartment of State's recor	olicable statutory filing reards.	quirements, this date will r	not be listed as the
he reco	ord specifies a delayed 90th day after the rec	ord is filed.			
The 9	ord specifies a delayed 90th day after the red March 13	ord is filed.	<u>8</u>)	
he reco The S Dated _	Ooth day after the reco	ord is filed.			

Filing Fee: \$25.00