117000188355

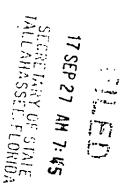
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COVER LETTER

Nexus Biol	ogix. LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Alan Diamond		
	-	Name of Person	
		Firm/Company	
	1603 SW Laredo Street		
		Address	
	Palm City, FL 34990		
	<u></u>	City/State and Zip Code	
	fusionhealthadvisors@gma		
	E-mail address: (to be used for future annual report notifi	cabon)
For further information of	oncerning this matter, please co	all:	
Alan Diamond		772 800-8141	
Name o	f Person		Telephone Number
Enclosed is a check for t	nc 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 enclose

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 TO ARTICLES OF ORGANIZATION OF

Nexus Biologix, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	(as it now appears on our records.) ability Company)	· ·
The Articles of Organization for this Limited Liability Company w Florida document number <u>L17000188355</u> .	vere filed on 09/05/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the	ubbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:		r the name of the new $\gtrsim \omega_0$
Name of New Registered Agent:		TOSEP
New Registered Office Address:	Enter Florida street address	27 AM
New Registered Agent's Signature, if changing Registered Agent:	City	ORIO S
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office a	erformance of my duties, and I am ovided for in Chapter 605, F.S. O	familiar with and r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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	Fusion Health Advisors LLC	1603 SW Laredo Street	Add
		Palm City, FL	☐ Remove
		34990	☐ Change
			☐ Remove
			☐ Change
<u>_</u>			
			□ Remove
			☐ Change
			☐ Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			☐ Change

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			- 5
			17 SEC
			SEP :
			SS 7
		. .	
			OKIOA PAIR
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	·		
ote: If the date inserted in this	ne date of filing:	ory filing requirements, this	iling.) Pursuant to 605.
record specifies a delay The 90th day after the re	ed effective date, but not an effeecord is filed.	ctive time, at 12:01 a.	m. on the earlie
ted	2017		
Adrian Roge	Signature of a prember or authorized repre-		
		sentative of a member	

Page 3 of 3

Filing Fee: \$25.00