## L18000030334

(Requestor's Name)
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## **COVER LETTER**

TO: Registration Solution of Col				
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300j1.01.	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Ryan Begy			
		Name of Person		
	Wilco Biologx, LLC			
Firm/Company				
	100 SE 3rd Ave., Suite 100	00		
	<del></del> -	Address		
	Fort Lauderdale, FL 33394			
		City/State and Zip Code		
	ryanbegy@gmail.com			
For further information c	E-mail address: ( concerning this matter, please c	to be used for future annual report notif all:	leation)	
Ryan Begy		941 232-8288 at ()		
Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
S25.00 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:

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

FILED

18 MAY 24 PM 2:48

Wilco Biologies, 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	02/02/2018 and assigned
Florida document number 1.180000303331		
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :
Wilco Biologx, LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	EET ADDRESS)	
		<del></del>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u> </u>	
		/8.9 · 10 ·
D 16		
B. If amending the registered agent an registered agent and/or the new registered	d/or registered office address office address office	on our records, enter the name of the no
	<del></del>	
Name of New Registered Agent:		
Non-De la 100° All	100 SE 3rd Ave., Suite 1000	
New Registered Office Address:		Florida street address
	Fort Lauderdale	, Florida 33394

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	Shawn O'Brien	7135 E. Camelback Rd	
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		Scottsdale, AZ 85251	
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in effec	ve date, if other that etive date is listed, the date	e must be specific	and cannot be	prior to date of	filing or more t	han 90 days after	<b>onal)</b> r filing.) Pursuant to 605.0
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reco	ord specifies a del	ayed effectiv	e date, bu	not an ef	fective time	e, at 12:01 a	a.m. on the earlie
ine s	90th day after the	record is file	ed.				
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ited _	1143 2131						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00