118000058648

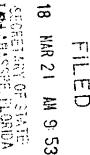
| (Re | equestor's Name) | |
|-------------------------|-------------------|-------------|
| (Ac | ldress) | |
| | | |
| (Ac | dress) | |
| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Na | me) |
| (Dc | ocument Number) | |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



100310699811

03/21/18--01008--023 **60.00



O SIMMONS MAR 2 2 2018

COVER LETTER

| Division of Cor | porations | | |
|-----------------------------|--|---|--|
| | ED BIOMEDICAL SCIENCE | DEVELOPMENT LLC | |
| SUBJECT: | Name of Lim | ited Liability Company | . |
| | Amendment and fee(s) are sub | _ | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Lan Xie | | |
| | | Name of Person | |
| | N/A | | |
| | | Firm/Company | <u> </u> |
| | 7348 SW 89th Way | | |
| | | Address | |
| | Gainesville, FL 32608 | | |
| | | City/State and Zip Code | · · · · · · · · · · · · · · · · · · · |
| | xielan@gmail.com | | |
| | E-mail address: (| to be used for future annual report notific | cation) |
| For further information c | oncerning this matter, please ca | all: | |
| Lan Xie | | 617 953-7155 at () | |
| Name o | f Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for the | ne 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 preloced) |

MAILING ADDRESS:

TO:

Registration Section

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

| ADVANCED BIOMEDICAL SCIENCE DE | | |
|--|--|-------------------------|
| (Name of the Limited Liabilit (A Florida | y Company as it now appears on our records.) Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Co | ompany were filed on March 06, 2018 | and assigned |
| Florida document number L18000058648 | <u>_</u> · | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limi | ted liability company here: | |
| RAISON BIOMEDICAL DEVELOPMENT LLC | | |
| The new name must be distinguishable and contain the words "Limi | ted Liability Company," the designation "LLC" or th | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDR | PESS) | <u></u> |
| | | |
| | | 10 第三 |
| Enter new mailing address, if applicable: | | 福 2 历 |
| Mailing address MAY BE A POST OFFICE BOX) | | Then a D |
| Muning unitess MAT DE ATOST OFFICE DOAJ | | 55. 9 |
| | | हित रु |
| 3. If amending the registered agent and/or regist | | ••• |
| registered agent and/or the new registered office addr | ress here: | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| <u> </u> | Florida | |
| | City | 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 = M $AMBR = A$ | lanager authorized Member | | |
|--------------------|------------------------------|--------------------------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
| | ···· | | Add |
| | | | ☐ Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | □ Change |
| | | | Add |
| | | | |
| | | | Tange T |
| | | | ZO AND PUT |
| | | | 52 4 0 |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | - · - . · · · | |
| | | | Add |
| | | | □ Remove |
| | | | |

| 1 | | |
|---|--|--|
| . | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| ···· | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | 50.6 |
| | | |
| | | 10元 10 |
| | | 5.5 S.5 |
| Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D | st be specific and cannot be prior to date ock does not meet the applicable st | (optional) of filing or more than 90 days after filing.) Pursuant to 605.0207 atutory filing requirements, this date will not be listed as |
| ne record specifies a delayed The 90th day after the rec | d effective date, but not an e ord is filed. | effective time, at 12:01 a.m. on the earlier of |
| Dated March 18 | 2018 | |
| | Bryan Live Signature of a member or authorized r | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00