119000095840

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COVER LETTER

BIONNO	VATUS SOCIIS, LLC					
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Reinaldo Castellanos, Esq	•				
		Name of Person				
	Reinaldo Castellanos, P.A					
		Firm/Company				
	9960 Bird Road					
		Address				
	Miami, Florida 33165					
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code				
	rey@castellanoslaw.com					
		to be used for future annual report notification)				
For further information	concerning this matter, please c	all:				
Reinaldo Castellanos		305 223-8744 at ()				
Name (of Person	at () Area Code Daytime Telephone Number				
Enclosed is a check for t \$\Begin{align*} \Begin{align*} a	the following amount: S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed)				
Regist Divisi P.O. E	ING ADDRESS: ration Section on of Corporations Box 6327 assee, 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

BIONNOVATUS SOCIIS, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	oany as it now appears on our records (Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L18000095840</u> .	y were filed on 04/15/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		SECRION SECRION
Enter new mailing address, if applicable:		FILE FOF COM Y 23
(Mailing address MAY BE A POST OFFICE BOX)		AM 10: 4
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		enter the name of the ne
Name of New Registered Agent:	·	
New Registered Office Address:	Enter Florida street address	
	, Flo	rida
-	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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MBR	Jorge A. Martinez	9960 Bird Road	
		Miami, Florida 33165	■ Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			☐ Change
			Remove
			Change
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ffective date, if other than	the date of fili	ng:			(optional)		
'an effective date is listed, the date <u>Note:</u> If the date inserted in thi locument's effective date on th	s block does not	meet the appli	cable statutory t	or more than 90 day Iling requiremen	s after filing.) Purst ts, this date will n	iant to 605.0 of be listed	0207 d as
e record specifies a dela The 90th day after the			ot an effectiv	re time, at 12	:01 a.m. on th	ne earliei	r of
ated May 15		2018					
	7	Caz	- Veux				

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Typed or printed name of signee

Filing Fee: \$25.00