118000150779

Office Use Only



200314942042

00/20/16--61000--817 ++20.00

FILED

18 JUN 26 JUN 11: 24

[25] [AB] [26] [25]

K SALY

COVER LETTER

Division of Co	orporations
SIED INCTE.	BrioScience
SUBJECT:	Name of Limited Liability Company
The enclosed Articles o	of Amendment and fee(s) are submitted for filling.
Please return all corresp	pondence concerning this matter to the following:
	Damarys Yajure
	Name of Person
	BrioScience, LLC
	Firm/Company
	2601 NW 105 Ave
	Address
	Doral, FL 33172
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
Damars Yajure	305 359-5346
Name	at () c of Person Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

18 ///	FILED
100pp	25 MH: 24

BRIOSCIENCE LLC	25 MI 11: 24
(Name of the Limited Liability Company as it now appears on our records. (A Florida Limited Liability Company)	24
The Articles of Organization for this Limited Liability Company were filed on	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
BRIO SCIENCE LLC	
The new name must be distinguishable and contain the words "Limited Liability 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)	
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 on our records, registered agent and/or the new registered office address here:	enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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			FILED		
<u>Title</u>	<u>Name</u>	Address	FILED 18 JUN 25 AN III: 24	Type of Action	
			Probably State		
				□ Remove	
				Change	
				□ Remove	
				Change	
				□ Remove	
				Change	
			•	🗗 Add	
				□ Remove	
				Change	
		-		Remove	
				Change	
				Remove	
				Change	

	FILED 18 JUN 26 MITT: 24
Effective date, if other than the date of filing:	(optional)
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than ⁶ Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	
ne record specifies a delayed effective date, but not an effective time, a The 90th day after the record is filed.	t 12:01 a.m. on the earlier of
Dated 06 22 2018.	
Signature of a member or authorized representative of a mem	niber

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00