## 118000186489

(F	Requestor's Name)	
(/	Address)	
(/	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
	Business Entity Name)	
,		
1)	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	to Filing Officer:	

Office Use Only



400341215214

03/39/25--530(5--90) 4-25.00

2020 FYG 28 PH 5: 41

C GOLDEN MAR 2 0 2020

## **COVER LETTER**

Division of Corpo	orations		
SERVET. RIC	- GENETICS	درد	
SUBJECT. Die	) - G FN ETICS Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	ARTUR	Name of Person	
		Firm/Company	<del></del>
ин на при при предоставления в принцения на	2950 1	y years were	KNO
		City/State and Zip Code  LAND AUTOMATION PO  to be used for future annual report notif	
For further information cor	ncerning this matter, please ca	ull:	
ANTUNG P	-AM INFL Person	at ( <u>154</u> ) <u>70] - (</u> Area Code Daytime	7 11 Telephone Number
Enclosed is a check for the	following amount:		
25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy
The street page of the street	•		(additional copy is enclosed)

Mailing Address: Registration Section **Division of Corporations** P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## , ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 For 28 PH 5: 41

BIO-GENETICS L	<u> </u>
----------------	----------

(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 \_ and assigned Florida document number \_\_\_L 18000186489\_. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: THE RECOMPONENTS & AUTOMATION
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

LLC 10790 W SAMPLERD. 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, enter the name of the new registered agent and/or-the new registered office address here: 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.

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>Tiţle</u>	<u>Name</u>	Address	Type of Action
	<del></del>		□Add
			□Remove
			□Change
			□Add
			□ Remove
			Cl Change
· .	- typhography is .		
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
			□Add
¥ 1+	ar tythyaeth espainia -	<u> </u>	Remove
			□Change
			🗀 Add
			□Remove
			∏Chanve

	·			<u> </u>	
			······································		
en de pillagi dina terderi					
****					
		- · · · · · · · · · · · · · · · · · · ·	<del></del>		
					<del></del>
				·	
a complete specimens					
ective date, if other n effective date is listed, the te: If the date inserted nument's effective date	he date must be specific a I in this block does no	and cannot be prior to t meet the applical			ing.) Pursuant to 605.020
cord specifies a delaye s filed.	ed effective date, but n	iot an effective tin	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
ed FEBRUAN	/ L5 th	3020	_·		
	//	<i>-</i>			
	Signature of	a member or author	ized representative of	`a member	