

LIB000197800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/04/18--01033--023 **60.00

FILED
18 SEP 29 PM 4:50
CLERK OF COURT
CLERK OF COURT

SEP 01 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 8, 2018

ALBERT LEISZ
424 SW 53RD TER
CAPE CORAL, FL 33914

SUBJECT: BIOGENIC LIMITED LIABILITY COMPANY
Ref. Number: L18000197800

We have received your document for BIOGENIC LIMITED LIABILITY COMPANY and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 718A00018631

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Biogenic Limited Liability Company

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Albert Leisz

Name of Person

Biogenic, LLC

Firm/Company

424 SW 53rd Ter

Address

Cape Coral, Florida 33914

City/State and Zip Code

aleisz@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Albert Leisz

862 432-0783
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

Biogenic Limited Liability Copany

(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 August 17, 218 and assigned
Florida document number L180001978000

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Albert Leisz

New Registered Office Address:

424 SW 53rd Ter

Enter Florida street address

Cape Coral


City

Florida 33914

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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OFFICE OF THE COMPTROLLER
OF FINANCE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

18 SEP 29 PM 4:50

August 17, 2018

E. 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 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated

9/20/18

Albert Leisz

Signature of a member or authorized representative of a member

ALBERT LEISZ

Typed or printed name of signee