

L190000 97864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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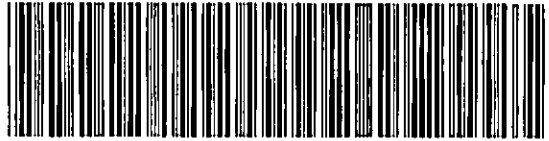
(Business Entity Name)

(Document Number)

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JUN 10 2019
T. LEMOINE

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SCV Delivery Systems LLC

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:

Dr. Kuowei Chang

Name of Person

c/o Industrial & Biomedical Sensors Corp

Firm/Company

1377 Main Street, 2nd Floor

Address

Waltham, MA 02451-1624

City/State and Zip Code

kuowei@ibs-corp.com

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

For further information concerning this matter, please call:

Dr. Kuowei Chang

781

891-4201

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**

2019 MAY 24 P 13:35

SCV Delivery Systems, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on April 16, 2019 and assigned Florida document number L19000097864.

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)

c/o Industrial & Biomedical Sensors Corp

1377 Main Street, 2nd Floor

Waltham, MA 02451-1624

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o Industrial & Biomedical Sensors Corp

1377 Main Street, 2nd Floor

Waltham, MA 02451-1624

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

City, Florida

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>
MGR	Dr. Kuowei Chang Chairman of the Board	c/o Industrial & Biomedical Sensors Corp	<input checked="" type="checkbox"/> Add
	Chief Executive Officer	1377 Main Street, 2nd Floor	<input type="checkbox"/> Remove
	Chief Scientific Officer	Waltham, MA 02451-1624	<input type="checkbox"/> Change
MGR	Dr. Subir Ray Chief Medical Officer	211 Cherry Avenue, Apt 211	<input checked="" type="checkbox"/> Add
		Oakley, KC 67748	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Alfred Sallette Chief Operating Officer	c/o Industrial & Biomedical Sensors Corp	<input checked="" type="checkbox"/> Add
		1377 Main Street, 2nd Floor	<input type="checkbox"/> Remove
		Waltham, MA 02451-1624	<input type="checkbox"/> Change
MGR	Jan Meijer	323 Oak Harbor Drive	<input type="checkbox"/> Add
		Juno Beach, FL 33408	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jan Meijer Member of the Board	323 Oak Harbor Drive	<input checked="" type="checkbox"/> Add
		Juno Beach, FL 33408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kristofer Lacarrere Business Development Officer	1001 6th Avenue, Suite 1203	<input checked="" type="checkbox"/> Add
		New York, NY 10018	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

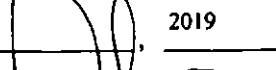
This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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)

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.

MAY 16 2019


Signature of a member or authorized representative of a member

Jan Meijer
Typed or printed name of signee