

L19 0000 97864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2021 FEB 26 PM 3:25  
CLERK OF COURT

O SIMMONS  
MAR 03 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 FEB 26 AM 8:

February 8, 2021

DR. KUOWEI CHANG  
1377 MAIN ST, 2ND FL  
WALTHAM, MA 02451-1624

SUBJECT: SCV DELIVERY SYSTEMS LLC  
Ref. Number: L19000097864

We have received your document for SCV DELIVERY SYSTEMS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 821A00002838

## 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

SCV Delivery Systems LLC

Firm/Company

1377 Main Street, 2nd Floor

Address

Waltham, MA 02451

City/State and Zip Code

kchang@scvsystems.com

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

For further information concerning this matter, please call:

Dr. Kuowei Chang

Name of Person

at ( 781 ) 891-4201

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 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**

SCV Delivery Systems LLC

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

2021 FEB 26 PM 3:25

The Articles of Organization for this Limited Liability Company were filed on April 16, 2019 and assigned Florida document number LI 9000097864.

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:**

1377 MAIN STREET, 2ND FLOOR

**(Principal office address MUST BE A STREET ADDRESS)**

WALTHAM, MA 02451-1624

**Enter new mailing address, if applicable:**

1377 MAIN STREET, 2ND FLOOR

**(Mailing address MAY BE A POST OFFICE BOX)**

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*

Florida

*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MEIJER, JAN	323 Oak Harbor Drive, Juno Beach, FL 33408	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MEIJER, JAN	1132 Marine Way W, North Palm Beach, FL 33408	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHANG, KUOWEI, DR	C/O Industrial & Biomedical Sensors Corp, 1377 Main	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHANG, KUOWEI, DR.	1377 Main Street, 2nd Floor, Waltham, MA 02451	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SALLETTE, ALFRED	C/O Industrial & Biomedical Sensors Corp, 1377 Main	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SALLETTE, ALFRED	1377 Main Street, 2nd Floor, Waltham, MA 02451	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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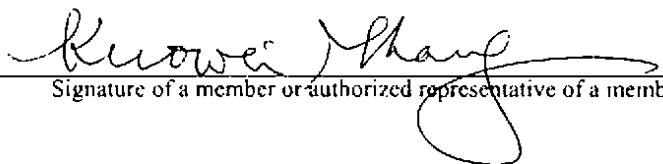
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 Feb 12, 2021



Signature of a member or authorized representative of a member

Dr. Kuowei Chang

MGR

Typed or printed name of signee