L19000147075

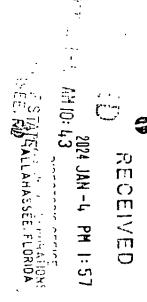
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Special Instructions to Fili	ing Office	r:		

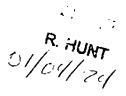
Office Use Only



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70, 807 (150) (604 ******25,67





COVER LETTER

	ion Section of Corporations		
	liance Holdings, LLC		
SUBJECT:	Name of L	imited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are s	submitted for filing.	
Please return all co	rrespondence concerning this matt	ter to the following:	
	Michael C. Rayboun		
		Name of Person	
	Rayboun Winegardner,	PLLC	
	-	Firm/Company	
	1410 Piedmont Drive E,	Suite 2	~
		Address	
	Tallahassee, FL 32308		
		City/State and Zip Code	
	mike@flalawfirm.com		
For further informa	E-mail address	s: (to be used for future annual report notif e call:	ication) 43
Michael Rayboun		850 270-2282	_
N	iame of Person	Area Code Daytime	Telephone Number
Enclosed is a check	for the following amount:		
■ \$ 25.00 Filing F	Fee S30.00 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 A		Street Address:	tion
-	tion Section of Corporations	Registration Sec Division of Corp	
P.O. Box	k 6327	The Centre of Ta	allahassee
Tallahas	see, FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Bioalliance Holdings, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears (Liability Company)	on our records.)	
he Articles of Organization for this Limited Liability Company	were filed on June	3, 2019	and assigned
orida document number L19000147075			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company here	<u>:</u> :	
ne new name must be distinguishable and contain the words "Limited Liabil	lity Company," the des	gnation "LLC" or the ab	breviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			- 13
			<u> </u>
			:
nter new mailing address, if applicable:		·	
Mailing address MAY BE A POST OFFICE BOX)		គោក ហេតុក	AH
		二司	<u> </u>
		Fri	ω
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our rec	ords, <u>enter the nam</u>	e of the new reg
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	a street address	
		, Florida	.=
	City		Zip Code
ew 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>	Address	Type of Action
MGR	Shawn Ramsey	1319 RACHEL LANE	□Add
		TALLAHASSEE, FL 32308	≣Remove
			□Change
			□ Add
			Remove
			☐Change
			DAdd
			☐Remove
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an cffe ote:	ve date, if other than the date of filing:
record l is fil	d 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 ed.
ated	December 7 2023
aicu .	7/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1
aicu .	Signature of a member or authorized representative of a member

Filing Fee: \$25.00