

L19000 276 743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

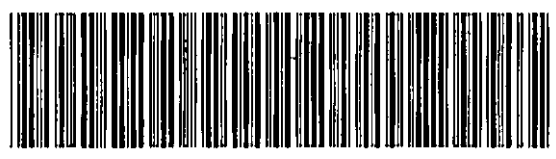
(Business Entity Name)

(Document Number)

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19 DEC 16 AM 9:28
TENN. STATE
COMMISSION OF CORPORATIONS

JAN 17 2020
C McNAIR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GENOSUR LLC
Name of Limited Liability Company

FILED
DIVISION OF CORPORATIONS
19 DEC 16 AM 9:22

The enclosed Articles of Amendment and fees are submitted for filing.
Please return all correspondence concerning this matter to the following:

Matias Gutierrez
Name of Person
GENOSUR LLC
Firm/Company
111 NE 1st Street, 8th Floor #308
Address
Miami, FL 33132
City/State and Zip Code
matias.gutierrez@genosur.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matias Gutierrez
Name of Person
415
Area Code
849 5962
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**

FLORIDA SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 DEC 16 AM 9:22

GENOSUR LLC

(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 11/19/2019 and assigned Florida document number 119000276743.

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:

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

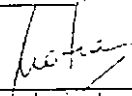
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MNG	BIOQUIMICA, CL. S A	PRESIDENTE JOSE BATLE Y ORONEZ 3745	<input type="checkbox"/> Add
		NUNOA, SANTIAGO, CHILE	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MNG	RIBOSOMA SPA.	PRESIDENTE JOSE BATLE Y ORONEZ 3745	<input type="checkbox"/> Add
		NUNOA, SANTIAGO, CHILE	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MNG	GUTIERREZ MOSTAFA, MATIAS RICARDO	1951 NW 7th Avenue, Suite 600	<input type="checkbox"/> Add
		Miami, FL 33136	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input 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.)*

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 December the 11th 2019



Signature of a member or authorized representative of a member

MATIAS RICARDO GUTIERREZ MOSTAFA

Typed or printed name of signer