

120000042668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

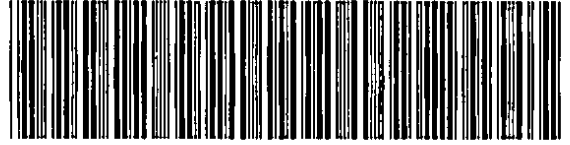
(Business Entity Name)

(Document Number)

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# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MIAMI BIOMECHANICS, 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:

Gregory Bader  
Name of Person

Miami Biomechanics, LLC  
Firm/Company

42 NW 27<sup>th</sup> Ave, Suite 303  
Address

Miami, FL 33125  
City/State and Zip Code

miamibiomechanics@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gregory Bader at (786) 498-2058  
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 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**

MIAMI BIOMECHANICS, 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 2/5/2020 and assigned Florida document number L26000642668.

This amendment is submitted to amend the following:

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

— N/A —

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)

42 NW 27<sup>th</sup> Ave, Suite 303  
Miami, FL 33125

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

(Mailing address MAY BE A POST OFFICE BOX)

42 NW 27<sup>th</sup> Ave, Suite 303  
Miami, FL 33125

**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:

~~Gregory Bader~~ GREGORY BADER

New Registered Office Address:

42 NW 27<sup>th</sup> Ave, Suite 303  
Enter Florida street address

Miami

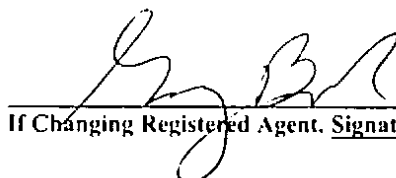
City

Florida 33125

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

**\*PLEASE REMOVE ALL CURRENT MANAGERS AND REPLACE WITH:**

| <u>Title</u> | <u>Name</u>                | <u>Address</u>                              | <u>Type of Action</u>                   |
|--------------|----------------------------|---|---|
| <u>MGR</u>   | <u>GREGORY BADER</u>       | <u>42 NW 27<sup>th</sup> Ave, Suite 303</u> | <input checked="" type="checkbox"/> Add |
|              |                            | <u>Miami, FL 33125</u>                      | <input type="checkbox"/> Remove         |
|              |                            | _____                                       | <input type="checkbox"/> Change         |
| <u>MGR</u>   | <u>ANTUAN TRUJILLO</u>     | <u>42 NW 27<sup>th</sup> Ave, Suite 303</u> | <input checked="" type="checkbox"/> Add |
|              |                            | <u>Miami, FL 33125</u>                      | <input type="checkbox"/> Remove         |
|              |                            | _____                                       | <input type="checkbox"/> Change         |
| <u>MGR</u>   | <u>GABRIELLE DEANGELIS</u> | <u>42 NW 27<sup>th</sup> Ave, Suite 303</u> | <input checked="" type="checkbox"/> Add |
|              |                            | <u>Miami, FL 33125</u>                      | <input type="checkbox"/> Remove         |
|              |                            | _____                                       | <input type="checkbox"/> Change         |
| <u>MGR</u>   | <u>DANNY VEGA</u>          | <u>42 NW 27<sup>th</sup> Ave, Suite 303</u> | <input checked="" type="checkbox"/> Add |
|              |                            | <u>Miami, FL 33125</u>                      | <input type="checkbox"/> Remove         |
|              |                            | _____                                       | <input type="checkbox"/> Change         |
| _____        | _____                      | _____                                       | <input type="checkbox"/> Add            |
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