120000017317

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
·
Special Instructions to Filing Officer:

Office Use Only



300349504413

08/10/20--01012--020 **25.00

2020 AUG 10 PH 1: 05 SECRETARY OF STATE

679/28

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Biodas I.1.	C	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filling.	
Please return all correspo	ndence concerning this matter	to the following:	
	Peter Previti		
	•	Name of Person	
	Law Office of Peter Previt		
		Firm/Company	
	5825 Sunset Drive # 210		
		Address	
	Miami, Fl 33143		
		City/State and Zip Code	
	peter@pnlawpa.com		
	E-mail address: (to be used for future annual report not	afication)
For further information c	oncerning this matter, please co	aH:	
Peter Prevití		305 662-9504	
Name o	f Person	at ()	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	[2] \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 6327		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Biodas LLC

FILED

2020 AUG 10 PH 1: 05

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears o nability Company)	on our records ECRE	HARY OF STATE AHASSEE, FL
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.20000077317}{1.20000077317}$.	were filed on Mare	h 9,2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here	:	
The new name must be distinguishable and contain the words "Limited Liabile	nty Company," the desi	gnation "LLC" or the ab	breviation "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 a agent and/or the new registered office address here:	ddress on our reco	ords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	i street address	
	City	, Flor ida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•		zip Coue
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	re to act in this cap performance of m rovided for in Cha	v duties, and I am f upter 605, F.S. Or,	amiliar with and if this document is

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	Don Polletta	174 NE 24 Street, Miami, Fl 33137	
			■Remove
MGR Paolo Cometto	Paolo Cometto	151 SE 15 Road #701, Miami, Fl 33129	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			∏Chanve

. If amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
_	
<u>Note:</u> 1:	tive date, if other than the date of filing:
he record ord is file	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
Dated _	August 6,2020
	Signature of a member or authorized representative of a member
	Paolo Cometto Typed or printed name of signee

Filing Fee: \$25.00