2021-05-03 09:25.46 CST

12122023573

From: Kimberly Laughri

5/3/2021

Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BIOJAM, LLC

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Help



To: 18506176383 - • Page: 3 of 5

2021-05-03 09:25:46 CST

12122023573

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From: Kimberly Laughr

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIOJAM, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number $\frac{L20000094858}{L20000094858}$	Company were filed on April 1, 2020	andassigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		37 - □
New Registered Office Address:	Enter Florida street address	
	, Flori	### = ## 5
	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.

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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	Joseph McDonnell	2301 SW 145th Avenue	
		Miramar, FL	■Remove
			□ Change
AMBR	For Life Products, LLC	2301 SW 145th Avenue	= Add
		Miramar, FL	□Remove
			Change
			□ Add
			Remove
			Change
			□Add
			Remove
			□Change
			□Add
			🗀 Remove
			□Change
			□Add
			Remove

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

Fifterive three, if other than the date of filing: (uplimus) (up
--

Typel or pritated frame of signer

Signature of a number of authorized representative of a runtier

kouph Mel semiell

If the record specifies a delayed effective date, but not an effective time, at 1201 a.m. on the entire of (b). The 9rth day after the record is filed

May 3

82

Filling Fee: \$25.00