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(((H23000102021 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : J&K ACCOUNTING SERVICES LLC

Account Number : I20200000194 Phone : (786)448-3851

Fax Number : (123)456-789

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

Email Address:\_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BIO4LIFE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

T. LEMIEUX

MAR# Jp 2023

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H 230	DODI	02021.	3
<b>*</b>			•

BIO4LIFE, LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	y)
The Articles of Organization for this Limited Liability Company were filed on	03/02/2021 and assigned
florida document number L21000100751	•
his amendment is submitted to amend the following:	:
a. If amending name, enter the new name of the limited liability company	here:
BIO4LIFE MEDICAL RESEARCH LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the	ne 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:	
Muiling address MAY BE A POST OFFICE BOX)	
	2033
	· <del>· · · ·</del>
3. If amending the registered agent and/or registered office address on ou	r records, enter the name of the new register
gent and/or the new registered office address here:	
	70 (
Name of New Registered Agent:	
New Registered Office Address:	
Enter	Florida street address
	, Florida
Cuy	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree to act in the provisions of all statutes relative to the proper and complete performance accept the obligations of my position as registered agent as provided for the being filed to merely reflect a change in the registered office address, I he company has been notified in writing of this change.	of my duties, and I am familiar with and in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

H230 (5) 10 10 263
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
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If amending	g any other inform	ation, enter cl	hange(s) her	e: (Attach addi	tional sheets, ij	(necessary.)	
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Note: If the	ate, if other than the date is listed, the date in date inserted in this l effective date on the	block does not r	nect the applic	able statutory to	more than 90 day ling requirement	(optional) s after filing.) Purso s, this date will n	ant to 605.0207 (3 oot be listed as th
he record spectord is filed.	ifies a delayed effect	ive date, but not	an effective t	ime, at 12:01 a.r	n, on the earlier	of: (b) The 90tl	a day after the
Dated MARG	CH 10	-	· 2023	7			
			4 7/11/6/14/1	1			
_		Signature of a	momper or aut	orized representat	ive of a member		<del></del>

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