121000386227

| · | | |
|-------------------------|---|-------------------|
| (Re | equestor's Name) | |
| | | |
| (Ad | dress) | |
| | | |
| (Ad | ldress) | |
| • | | |
| | ty/State/Zip/Phone | . (1) |
| (Cit | ty/State/Zip/Filorie | ; #) |
| PICK-UP | WAIT | MAIL |
| | | |
| (Bu | siness Entity Nan | ne) |
| | | |
| (Dr | ocument Number) | |
| (2.5 | , | |
| 0.00.10 | ~ | |
| Certified Copies | _ Centificates | or Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| L | | |

Office Use Only



300389593723

08/21/22--01020--015 **30.09

SEP 1 3 2022 S. PRATHER

COVER LETTER

TO:

| TO: Registration Se Division of Cor | porations | | |
|--|--|---|---|
| SUBJECT: <u>NAM</u> | E Change Fo | Rav Existiv | GLLC "Bio |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | KEVIN | MASSON Name of Person | |
| | Bio | FIT LLC | |
| | 2780 W | - SR 426 Address | |
| | OVIEDO | FLORIDA, 327 City/State and Zip Code | 765 |
| | NATYANDE Vi-mail address (| RSSON 9@GMA to be used for future annual report not | iL.COM |
| For further information c | oncerning this matter, please ca | all: | |
| KEVIN Name o | MASSON of Person | at (<u>365)</u> <u>964</u> Area Code Daytin | - 02 6 L ₁ ne Telephone Number |
| Enclosed is a check for t | he 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 Addres | | <u>Street Address:</u> Registration Se | ection |
| Division of C | • | Division of Co | - |
| P.O. Box 632 Tallahassee. | | The Centre of 7415 N. Monro | Fallahassee Street, Suite 810 |
| rananassee. | 11,04017 | 27 D IN WOULD | e ouest addite our |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BIOFIT LLC | \$5. \$5. |
|--|--|
| (Name of the Limited Limbility Compar (A Florida Limited L | ny as it now appears on our records.) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 21 000 386 2.27</u> | were filed on August 30 12021 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabi BIOLETE LLC The new name must be distinguishable and contain the words "Limited Liabili | |
| | _ |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | SAME ADDRESS |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | SAME |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, enter the name of the new registered |
| Name of New Registered Agent: | SAME |
| New Registered Office Address: | Enter Florida street address |
| | Florida |

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.

Cin

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> | Name | Address | Type of Action |
|--------------|------|-------------|----------------|
| | | | |
| | | | Remove |
| | | | |
| | | | □Add |
| | | | Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | □ Change |

| amending any other information, enter change(s) her | | | |
|--|-------------------------------|-----------------------|----------------------|
| | | | |
| | | - | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | _ | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| ective date, if other than the date of filing: | 1. 222 | (optional) | D., (05.03) |
| n effective date is listed, the date must be specific and cannot be prior te: If the date inserted in this block does not meet the applicament's effective date on the Department of State's records | cable statutory filing requ | irements, this date w | rill not be listed a |
| cord specifies a delayed effective date, but not an effective t | time, at 12:01 a.m. on the | earlier of: (b) The | 90th day after th |
| s filed. | | | |
| 1 K(/) (/20) | | | 2022 JUN 21 PH 1: 4U |
| ted <u>06/16/2022</u> . | · | | 15. E |
| 1 | | - | — The Table 1 |
| | sand and man-s seemed a set | | |
| Signature of a member or auth | norized representative of a m | iember | TORNO. |