

L21000440900

Division of Corporations

Florida Department of State
Division of Corporations
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SEP 28 2022

COVER LETTER

4220003254903

**TO: Registration Section
Division of Corporations**

SUBJECT: BIOV AMERICA 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:

USECHE, AURELIO A

Name of Person

Firm/Company

4700 MILLENIA BOULEVARDSUITE 175

Address

ORLANDO, FL 32839

City/State and Zip Code

ACCOUNTANT@TAXZONEFL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

USECHE, AURELIO A

407 888-3131

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
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\$60.00 Filing Fee,
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(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

H22 000 325 4903

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BIOV AMERICA 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 10/08/2021 and assigned
Florida document number L21000440900.

This amendment is submitted to amend the following:

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

AKRIGEN HOLDINGS LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

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.

If Changing Registered Agent, Signature of New Registered Agent

4220003254903

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>	<u>Address</u>	<u>Type of Action</u>
CEO	AURELIO USECHE	4700 MILLENIA BOULEVARDSUITE 175	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32839	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
COO	PAWAN BANES	4700 MILLENIA BOULEVARDSUITE 175	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32839	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Akrivis Healthcare Private LTD	4700 MILLENIA BOULEVARDSUITE 175	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32839	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Prashant Singh S/o Kuldeep Singh	4700 MILLENIA BOULEVARDSUITE 175	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32839	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AURUM MAXIMUS LLC	4700 MILLENIA BOULEVARDSUITE 175	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32839	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARCO SANTOS	4700 MILLENIA BOULEVARDSUITE 175	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32839	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H22000325 4903

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>	<u>Address</u>	<u>Type of Action</u>
MGR	<u>Kuldeep Singh</u>	<u>4700 MILLENIA BOULEVARDSUITE 175</u>	<input checked="" type="checkbox"/> Add
	<u>s/o Ravendra Pal Singh</u>	<u>ORLANDO, FL 32839</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	<u>Sampath Kumar Janipalli</u>	<u>4700 MILLENIA BOULEVARDSUITE 175</u>	<input checked="" type="checkbox"/> Add
	<u>s/o Satyanarayana Murty Janipalli</u>	<u>ORLANDO, FL 32839</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	<u>Dr. I. Vamsi Krishna</u>	<u>4700 MILLENIA BOULEVARDSUITE 175</u>	<input checked="" type="checkbox"/> Add
	<u>s/o I. Madayya</u>	<u>ORLANDO, FL 32839</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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