

9/20/22, 12:15 PM

L21000440900

Division of Corporations

Florida Department of State

Division of Corporations

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From:

Account Name : TAX ZONE INC.
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: accountant@taxzonefl.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BIOV AMERICA LLC**

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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 &
 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 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

City

Florida

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

Filing Fee: \$25.00