L22000302205

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03/03/23--01011--001 **25.00

COVER LETTER

TO: Registration S Division of Co			,
BIOSAMI			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ALDUNATE GOMEZ, CI	LAUDIO J	
		Name of Person	
	BIOSAMER LLC		
		Firm/Company	
	11055 SW 186TH ST SUI	TE 305	
		Address	
	MIAMI FLORIDA 33157		
	INFO@YMLSERVICE.CO		
	E-mail address: (to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
YAMEL LORENZO		786 431 2144	
Name	of Person		me Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	action
Registration Division of (Corporations	Registration Section of Co	
PO Box 63		The Centre of	•

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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2023 AUG -3 PM 12: 23

BIOSANIER EBC	5 17 1 195 A				
(Name of the Lim	(A Florida Limited	iny as it now appears on our re Liability Company)	coras.)		
		07/06/2022	TALLAHASSEE. FLORIDA and assigned		
The Articles of Organization for this Limited I	Liability Company	were filed on 07700/20:32	and assigned		
Florida document number L22000302205	 •				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	uility company hore			
A. If amending hame, enter the new hame t	or the finited han	micy company nere.			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation *	'LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	cable	YML ACCOUNTING SE	RVICES INC		
(Principal office address MUST BE A STRE		11055 SW 186th ST SUIT	ΓE 305		
Trincipal office address Prost BL A STREE	<u>ET ADDIKESS</u>	MIAMI FL 33157			
Enter new mailing address, if applicable:		11055 SW 186TH ST SUITE 305			
(Mailing address MAY BE A POST OFFICE	FROV)	MIAMI FL 33157			
maining duaress MAT DLA TOST OF FICE	<u>. 1000</u>				
B. If amending the registered agent and/or agent and/or the new registered office addressed agent: Name of New Registered Agent:	ess here:	address on our records, <u>e</u> r nting services inc (Y			
Name of New Neglisteted rigett.					
New Registered Office Address:	11055 SW 186TH ST SUITE 305 Enter Florida street address				
	MIAMI				
	WIAWII	City	, Florida 33157 Zip Code		
New Registered Agent's Signature, if changing	Registered Agent:	·			
I hereby accept the appointment as register			I further garge to comply with the		
provisions of all statutes relative to the propagation of all statutes relative to the propagation of my position as regularing filed to merely reflect a change in the company has been notified in writing of this	per and complete sistered agent as registered office	performance of my dutie, provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is		
	If Cha	nging Registered Agent, Signat	ure of New Registered Agent		
		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
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fective date, if other than the in effective date is listed, the date mu	e date of filing:	nat ka ssias ta	data of Glina or a	manu than CO d	_ (optiona	l)	to £05	0207
ote: If the date inscrted in this b	lock does not meet	the applicabl						
cument's effective date on the I	Department of State	s records.						
ecord specifies a delayed effecti	ve date but not an i	effective time	at 12:01 a m	on the earlie	er of: (b)	The 90th o	lav afte	r the
is filed.					(0)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
II II Y 17	2	023						
ned JULY 17			-					
Mau	Signature of a mem	unate	60HO	``				
	Signature of a mem	ber or authoriz	ed representativ	e of a member				
	4.6		•					

Filing Fee: \$25.00