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	equestor's Name)	
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PICK-UP	WAIT	MAIL
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(Ďc	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

IQ:	Division of Corporations				
SUBJE	CT: REVAMP & ORGANIZE YOUR SPACE, 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:

	Corpor	ate Maintenance Le	ad	
		Name of Person		
	Proc	essing Department		
		Firm Company		
	•	1450 Vassar St		
		Address		
		Reno, NV 89502		
	City/State and Zip Code			
	E-mail address: (to be used for future annual report non	fication)	
For further information c	concerning this matter, please c	aH:		
Process	sing Department	at (800) 638-2320		
	of Person	Area Code Daytim	e 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 tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAII	JNG ADDRESS:	STREET/COURI	FR ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REVAMP & ORGANIZE YOUR SPACE, 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 w	vere filed on <u>02/10/23</u>	and assigned
Florida document number L23000076280		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
Bio Surge	. LLC	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		20:
		<u> </u>
		j
		5
Enter new mailing address, if applicable:		<u>-</u> ਹੱ
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office address here:		•
Name of New Registered Agent:	·~·	
New Registered Office Address:	Enter Florida street address	
	Contraction sections con	
	, Florida	Zip Code
	City	zip Coae

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

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>	Type of Action
<u>M</u> GR	Devan Bailey	.5096 Sw 99 Place	_ □ Add
		Ocala	
		FL, 34476	Change
MGR_	Jessica Streb	5096 Sw 99 Place	🖸 Add
		Ocala	✓ Remove
		FL, 34476	☐ Change
MGR	Jonathan Streb	5096 Sw 99 Place	
		Ocala	P Remove
		FL, 34476	Change
		***	Add
			Remove
			☐ Change
			
		 	Remove
			☐ Change
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			☐ Change

						
						
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	ecifies a delayed effec ay after the record is		out not an ef	fective time, at	12:01 a.m. or	the earlier
ed	08 August		2023 .			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00