

	(Requestor's Name)
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DIVISION OF SUPPRIOR

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COVER LETTER

TO: Registration S Division of Co			
BIOARQI SUBJECT:	UTTECH LLC		
30DJEC1	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	nmitted for filing	
	ondence concerning this matter		
	SEBASTIAN C CERTUC	CHE MANZANO	
		Name of Person	
	BIOARQUITECH LLC		
		Firm/Company	
	3730 HARRISON ST AP	T 4	
		Address	
	HOLLYWOOD, FL 3302	1	
		City/State and Zip Code	
	gustavoraverealtor@gmail.		
		to be used for future annual report notif	ication)
For further information	concerning this matter, please of	all:	
SEBASTIAN C CERT	JCHE MANZANO	786 397-9277 at ()	
Name (of Person		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)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Addre Registration	Section	Street Address: Registration Sec	
Division of C	corporations	Division of Corp	orations

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

BIOARQUITECH LLC		
(Name of the Limited Linbility C (A Florida Li	ompany as it now appears on our record	<u>(s.)</u>
The Articles of Organization for this Limited Liability Com	ipany were filed on 05/05/2023	and assigned
Florida document number L23000223083		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
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:		027 [
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		ر ة
		7:
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		2
B. If amending the registered agent and/or registered of	ffice address on our records, <u>enter</u>	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 addres	3
		orida
	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

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

Title	Name	Address	Type of Action
MGR	GUSTAVO A RAVE WILCHES	3730 HARRISON ST APT 4	\ \(\begin{align*}
		HOLLYWOOD, FL 33021	
			□ Change
			
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			□ Remove
			Change
			□ Remove
			□Change

	ADDING MGR GUSTAVO A RAVE WILCHES
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ffect	ive date, if other than the date of filing: (optional)
an efi	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207
ote: x:un	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
	on the beganning of state 3 feeding.
ewr	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
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Filing Fee: \$25.00