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08/20/23--01015--005 **25.00

TO: Registration Sec Division of Corp			
SUBJECT: BRE	Name of Limit	MECHANICS, ed Liability Company	LLC
	mendment and fee(s) are subn		
Trease retain dir concespon	_	BADER Name of Person	
		BIOMECHANIC Firm/Company	: : : : :
) 43RD AVE A	- ω
	MIAMI BROWARD	City/State and Zip Code Blom ECHANICS (be used for future annual report notifi	@ GMAIL. com
For further information co	E-mail address: (to oncerning this matter, please ca		ication
GREGORY F	BADERPerson	at (<u>786_) 80 ~</u> Area Code Daytimo	9022 e Telephone Number
Enclosed is a check for the	ne following amount:		
X \$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

TO ARTICLES OF ORGANIZATION OF

BROWARD BIOMECI (Name of the Limited Liability Compan	y as it now appears on our reco	ord <u>s.</u>)
(A Florida Limued Li	iability Company)	
The Articles of Organization for this Limited Liability Company of	were filed on $5/8/2$	3 and assigned
Florida document number 123000226293 .		3
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi		9: 32
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5810 S. Univer Suite 190 Davie, FL 33	rsity Drive
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ersity Drive
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>en</u>	ter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		Florida
<u> </u>		FloridaZıp Code
New Registered Agent's Signature, if changing Registered Agent:		
Thereby accept the appointment as registered agent and agree	ee to act in this capacity.	I further agree to comply with t

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

MGR = M $AMBR = A$			
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	GREGORY A BADER	750 NW 4300 AVE APT 315	<u>F</u> _□Add
		Miami, FL 33126	□Remove
			! Change
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or removed from our records:

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ffective date, if other than the date of filing: (optional) an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs	suant to 605,020
an effective date is listed, the date must be specific and cannot be printed and statutory filling requirements, this date will be a to the date inserted in this block does not meet the applicable statutory filling requirements, this date will be a to the date inserted in this block does not meet the applicable statutory filling requirements.	not be listed a
document's effective date on the Department of State's records.	
	the day offer the
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90t	in day arter til
of to filad	\$
Dated	:
Ω .	• •
Signature of a member or authorized representative of a member	
	.:
Groeg Backer Typed or printed name of signee	ප

Filing Fee: \$25.00