

L23000553318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

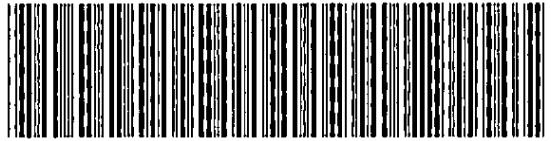
(Document Number)

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12/23/23--01015--003 **25.00

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 12/23/23 BY 60322
23 DEC 28 AM 9:27
FBI - MIAMI

Carrier

phone 813-525-0456

Address 5 N Hayes Rd
Oldsmar FL 34677

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Regensis RX 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:

Jamie A. Martinez

Name of Person

Regensis RX, LLC

Firm/Company

5 North Hayes Road

Address

Oldsmar, Florida 34677-2814

City/State and Zip Code

jbraggmartinez@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nils R. Lenz

813

782-9491

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Regnsis RX LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

23 DEC 28 AM 9:27
FILED
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on Regnsis RX LLC and assigned
Florida document number 1.23000553378.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Regenesix Rx 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:

Jamie A. Martinez

New Registered Office Address:

5 North Hayes Road

Enter Florida street address

Okdsmar

City

Florida 34677-2814

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

EIN 93-4884630.

[illegible]


F. Effective date, if other than the date of filing: _____ (optional)

(If 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.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 12/23/23, _____


Signature of a member or authorized representative of a member

Jamie Martinez
Typed or printed name of signee

Typed or printed name of signee

Filing Fee: \$25.00