

L24000041885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

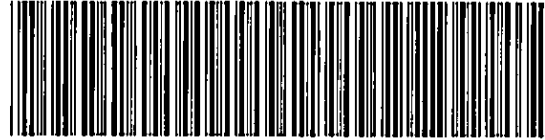
Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE

MAY 30 2024

Office Use Only



700429990897

FILED  
2024 MAY 29 PM 9:47

RECEIVED  
2024 MAY 29 AM 8:30  
S. J. LANDASSEE, LORAIN, E

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$ 55. <sup>00</sup> \_\_\_\_\_  
AUTHORIZATION SIGNATURE: \_\_\_\_\_ *[Signature]* \_\_\_\_\_

Bio Neos LLC L24000041885

BUSINESS ( Name)

Document #

\_\_\_ Walk in

\_\_\_ Pick up time \_\_\_\_\_

\_\_\_ Mail out

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\_\_\_ Photocopy

**X** **Certified Copy**

\_\_\_ **Certificate of Status**

**NEW FILINGS**

\_\_\_ Profit

\_\_\_ Not for Profit

\_\_\_ Limited Liability

\_\_\_ Domestication

\_\_\_ CORP

\_\_\_ LLLP

\_\_\_ INC

**AMMENDMENTS**

**X** Amendment

\_\_\_ Resignation of Officer/Director

\_\_\_ Change of Registered Agent

\_\_\_ Dissolution/Withdrawal

\_\_\_ Merger

\_\_\_ Conversion

**OTHER FILINGS**

\_\_\_ Annual Report

\_\_\_ Fictitious Name Cancel

\_\_\_ APOSTIL ( ) \_\_\_\_\_  
**Country**

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign Filing

\_\_\_ Limited Partnership


\_\_\_ Dissolution/ Reinstatement/Revocation

\_\_\_ Trademark

\_\_\_ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$ 55.<sup>00</sup> \_\_\_\_\_  
AUTHORIZATION SIGNATURE:   
Bio Neos LLC L24000041885  
BUSINESS ( Name) Document #

☐ Walk in ☐ Pick up time \_\_\_\_\_  
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☐ Trademark  
☐ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Neos Bio 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:

Ashley Chavez  
Name of Person

Neos Bio LLC  
Firm/Company

1201 6th Ave W Ste 100  
Address

Bradenton, FL 34205  
City/State and Zip Code

Customercare@NeosBio.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley Chavez at (861) 689-3585  
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

FILED  
2024 MAY 29 PM 9:47

Neos Bio 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 were filed on 1/22/2024 and assigned  
Florida document number L24000041885

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:

(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:

Ashley Hawk

New Registered Office Address:

1201 6th Ave W Ste 100

Enter Florida street address

Buckleton

City

Florida

34205

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.

Ashley Hawk

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>	<u>Type of Action</u>
AMBR	Joseph Chavez	1808 Wayland Rd	<input checked="" type="checkbox"/> Add
		Knoxville, TN 37914	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ashley Chavez	107 3 <sup>rd</sup> Ave W #4319	<input type="checkbox"/> Add
		Bradenton, FL 34205	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ashley Hawk	107 3 <sup>rd</sup> Ave W #4319	<input checked="" type="checkbox"/> Add
		Bradenton, FL 34205	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Update Ashley Chavez to Ashley Hawk.  
I got married in March 2024. I need to  
update my legal name.

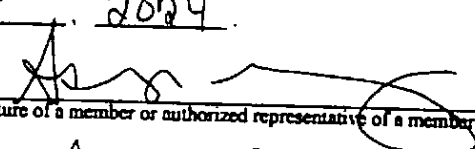
E. Effective date, if other than the date of filing: 5/29/2024 (optional)

(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 May 29th, 2024.

  
Signature of a member or authorized representative of a member

Ashley Chavez  
Typed or printed name of signer

Filing Fee: \$25.00