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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

BIOAC	TIVE SUAMEN LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	MARIUSKA BRITO		
		Name of Person	
	BRITO TAX AND ACCO	OUNTING CORP	
		Firm/Company	
	1695 NW 110TH AVE, S	TE 214	
		Address	· · · · · · · · · · · · · · · · · · ·
	MIAMI, FL 33172		
		City/State and Zip Code	<del></del>
	BRITOTAXCORP@GMA		
	E-mail address: (	to be used for future annual report not	ification)
For further information	on concerning this matter, please c	all:	
MARIUSKA BRITC	)	786 354-7694	
Nar	ne of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fed	≥ □ \$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)
P.O. Box 6	on Section f Corporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

BIOACTIVE SUAMEN LLC

2025 MAR 28 PM 4: 18

( <u>Name of the Limi</u>	ted Liability Compan (A Florida Limited Li	<u>v as it now appears on our</u> ability Company)	SECRETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited L	iability Company v	vere filed on01/02/202	5 and assigned
Florida document number L25000003930	·		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liabil	ity company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabili	y Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	ET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:			·
(Mailing address MAY BE A POST OFFICE	BOX)		
		<del>.</del>	
B. If amending the registered agent and/or agent and/or the new registered office addre	~·	idress on our records,	enter the name of the new registered
Name of New Registered Agent:	DEILYS SUAR	EZ ORTIZ	<u>.</u>
New Registered Office Address:			
		Enter Florida street	address

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.

City

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>.</u> <u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RENIER MENDEZ	2800 SW 118TH AVE, MIAMI FL 33175	🗆 Add
			Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗖 Add
		· · · · · · · · · · · · · · · · · · ·	🗆 Remove
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Tective date, if other that an effective date is listed, the date:  If the date inserted in the date inserted in the date on the date on the date on the date of t	te must be specific and can his block does not meet	mot be prior to d the applicable	late of tiling or mor	e than 90 days after f	iling.) Pursuant to 605.020
record specifies a delayed ef is filed.	fective date, but not an	effective time.	at 12:01 a.m. on	the earlier of: (b)	The 90th day after th
03/20 ated	2	1025			
ned					
$\left( \right) \stackrel{\circ}{\rho_{1}}$	C'aul				
Dei	Signature of a mem	ber or authorize	ed representative of	à member	