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## **COVER LETTER**

Divisi	on of Corporations		
B SUBJECT:	Biolife, L.1C.		
. прист	Name of Lim	ited Liability Company	
The enclosed A	orticles of Amendment and fee(s) are sub	omitted for filing	
		_	
Please return al	Il correspondence concerning this matter	to the following:	
	Stuart Jones		
		Name of Person	
	Biolife, L.L.C.		
		Firm/Company	
	8163-25th Court East		
	<del> </del>	Address	
	Sarasota, FL 34243		
	<del></del>	City/State and Zip Code	
	stuart.jones@biolife.com		
	E-mail address: ()	to be used for future annual report notific	cation)
For further info	rmation concerning this matter, please co	all:	
Stuart Jones		941 360-1300 X 1.	20
	Name of Person	at () Area Code Daytime `	Felephone Number
Enclosed is a ch	neck for the following amount:		
■ \$25,00 Filir	ng Fee	☐ \$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** 

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Biolife, L.L.C.		
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
the Articles of Organization for this Limited		2/99 and assigned
lorida document number L99000006949		
his amendment is submitted to amend the fol	lowing:	
If amending name, enter the new name	of the limited liability company here	2:
he new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET_ADDRESS)	
·-	-	7.
nter new mailing address, if applicable:		
<u> 1 Auiling address MAY BE A POST OFFICE</u>	<u> </u>	<u></u>
. If amending the registered agent and egistered agent and/or the new registered of		our records, enter the name of the
Name of New Registered Agent:	Gloria W. DiPuma	
New Registered Office Address:		
ren agaretea villee reducis.	Enter Florid	a street address
		Florida
	City	Florida

## 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. Thereby confirm that the limited liability company has been notified in writing of this change.

Hana W. DRina
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>	Address	Type of Action
MGR	Stuart Jones, President & CEO		Add
			□ Remove
			<b>■</b> Change
MGR	Timothy Kelly, Exec. Vice Presider	8163-25th Court East, Sarasota, FL	Add
			Remove
AMBR	Talmadge Keene, Vice President	8163 25th Court East, Sarasota, FL	₩ Add
			□ Remove
			Change
AMBR	Gloria W. DiPuma, Vice President	8163 25th Court East, Sarasota, FL	Add
			☐ Remove
			□ Change
			Remove
			Change
			Remove
			Change

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	(2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
	52. 8
<del></del>	3.
Tective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing of	
vie: If the date inserted in this block does not meet the applicable statutory ficument's effective date on the Department of State's records.	ring requirements, this date will not be listed
record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	e time, at 12:01 a.m. on the earlier
-/.	
ftuart Jones Signature of a member or authorized representation	
¢ ^	

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Typed or printed name of signee

Filing Fee: \$25.00