

MA1000006672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

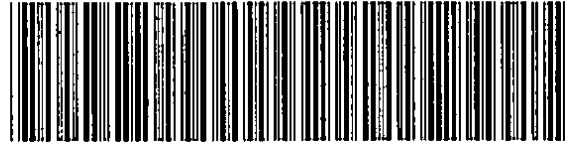
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APR 25 2022

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03/08/22--01022--023 \*\*25.00

**FILED**  
2022 APR 14 PM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 APR 14 AM 11:04

SECRET  
TALLAHASSEE, FL

March 17, 2022

JULIANA MARQUES DE MENEZES SOARES  
7520 NW 104TH AVENUE SUITE 103-336  
DORAL, FL 33178

SUBJECT: LABORVIDA LABORATORIOS FARMACEUTICOS LLC  
Ref. Number: M21000006672

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas  
Regulatory Specialist II

Letter Number: 622A00006411

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LABORVIDA LABORATORIOS FARMACEUTICOS LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Juliana Marques de Menezes Soares

Name of Person

LABORVIDA LABORATORIOS FARMACEUTICOS LLC

Firm/Company

7520 NW 104th Avenue Suite 103-336

Address

Doral, FL 33178

City/State and Zip Code

juliana@gryphus.us

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

For further information concerning this matter, please call:

Juliana Marques de Menezes Soares at ( 305 ) 308 5812

Name of Person

Area Code & Daytime Telephone Number

**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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**FILED**

SECTION I (1-4 must be completed)

2022 APR 14 PM 10:46

1. Name of limited liability Company as it appears on the records of the Florida Department of State: **SECRETARY OF STATE  
TALLAHASSEE, FL**

State: LABORVIDA LABORATORIOS FARMACEUTICOS LLC

Enter new principal office address, if applicable: 7520 NW 104th Avenue Suite 103-336

(Principal office address  
MUST BE A STREET ADDRESS) Doral, FL 33178

Enter new mailing address, if applicable: 7520 NW 104th Avenue Suite 103-336

(Mailing address  
MAY BE A POST OFFICE BOX) Doral, FL 33178

2. The Florida document number of this limited liability company is: M21000006672

3. Jurisdiction of its organization: Brazil

4. Date authorized to do business in Florida: 06/03/2021

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: -----  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: Júlianã Marquês de Menezes Soares

New Registered Office Address: 7520 NW 104th Avenue Suite 103-336  
*Enter Florida Street Address*

Doral, Florida 33178  
*City 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.*

Júlianã Soares  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR / AP	Ana P Santiago	1801 NE 123rd Street Ste 314	<input type="checkbox"/> Add
		North Miami FL 33181	<input checked="" type="checkbox"/> Remove
MGR / AP	Juliana Marques de Menezes Soares	7520 NW 104th Ave. Suite 103-336	<input checked="" type="checkbox"/> Add
		Doral FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Juliana Soares  
Signature of the authorized representative

Juliana Soares  
Typed or printed name of signee

Filing Fee: \$25.00