707

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000364660 3)))



H210003646603ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

From:  Account Name : PRIME ACCOUNTING & CONSULTANCY LLC  Account Number : I20180000090  Phone : (407)232-6777  Fax Number : (407)710-0533	To:	Division of Con fax Number	rporations : (850)617-6380	<i>O</i> 3	
$oldsymbol{\circ}$	ନ୍ଦ	Account Number Phone	: 120180000090 : (407)232-6777	"сокра О <b>АМ</b>	S JO ANY SE OF A
annual report mailings. Enter only one email address please.**  Email Address:	:	**		0: 17	in:

## COR AMND/RESTATE/CORRECT OR O/D RESIGN BIOMART CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

OCT 0 1 2021

A. LUNT

TO: Amendment Section

(((H21000364660 3)))

pg 2 of 5

## **COVER LETTER**

Division of Corporations				
NAME OF CORPORATION: BIOM	AART CORP.			
DOCUMENT NUMBER: P2100004				
The enclosed Articles of Amendment		omitted for fil	ing.	
Please return all correspondence conce	eming this mat	ter to the follo	wing:	
FELIPE MARD	OAKIS			
		Name of C	ontact Persor	1
ASCENT ACC	OUNTING G			
7245 114 0 4 3 17	LAKEBBO		Company	
7345 W SAND	LAKE KD S		dress	
ORLANDO, FI	. 32819	Au	urcss	
······································	····	City/ State	and Zip Code	<u> </u>
FILINGS@ASG	CENTACCOL	INTING.COM	1	
· · · · · · · · · · · · · · · · · · ·	ress: (to be us			notification)
For further information concerning this	s matter, pleas	e call;		
FELIPE MARDAKIS		at :	407	232-6777
Name of Contact Perso	n			de & Daytime Telephone Number
Enclosed is a check for the following a	emount made	payable to the	Florida Depa	artment of State:
2	Filing Fee & te of Status	S43.75 F Certified (Additional enclosed)	l copy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporat P.O. Box 6327	tions		Amend Divisio The Co	Address ment Section in of Corporations entre of Tallahassee V. Monroe Street, Suite 810
Tallahassee, FL 323	14			ssee, FL 32303

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

DocuSign Envelope ID: 92B871B4-F3D5-4285-B0A7-A01895C8F2F6

## Articles of Amendment Articles of Incorporation of

lign Envelope ID: 92B871B4	14077100533 4-F3D5-4285-80A7-AD1895C8F2F6	→ 18506176381 px  (((H21000364660 3)))  s of Amendment to of Incorporation of	ا الماري الماري الماري
	Articles	(((H21000364660 3))))	566
		to St	0.77
	Articles o	of Incorporation of	
BIOMART CORP.		UI .	
DIOMARI CORI.	(Name of Comparation or our	rently filed with the Florida Dept. of State)	<del>3</del> ?
21000045247	(Name of Corporation as cur	renty med was the Florida Dept. of State)	<u></u>
	(Document Num	ber of Corporation (if known)	
	(Excument Name	act of Corporation (if known)	
Pursuant to the provisions ts Articles of Incorporati		, this Florida Profit Corporation adopts the following amendmen	nt(s) to
t. If amending name, e	enter the new name of the corporatio		
Inc.," or Co.," or the		The new n," "company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word P.A."	
Pater new principal	office address if applicable:	14502 N DALE MABRY HWY	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		SUITE 200	
		TAMPA, FL 33618	
C. Enter new mailing : (Mailing address MA	address, if applicable: AY BE A POST OFFICE BOX)	14502 N DALE MABRY HWY	
		SUITE 200	
		·	
(Mailing address <u>MA</u> D. If amending the reg	AY BE A POST OFFICE BOX)	SUITE 200  TAMPA, FL 33618  address in Florida, enter the name of the	
(Mailing address <u>MA</u> D. <u>If amending the registered agen</u>	AY BE A POST OFFICE BOX)  istered agent and/or registered office additional the new registered office additional to the new re	SUITE 200  TAMPA, FL 33618  address in Florida, enter the name of the	
(Mailing address <u>MA</u> D. <u>If amending the registered agen</u>	AY BE A POST OFFICE BOX)  istered agent and/or registered office addressed Agent	SUITE 200  TAMPA, FL 33618  address in Florida, enter the name of the dress:	
(Mailing address <u>MA</u> D. If amending the reginew registered agen  Name of New Ro	istered agent and/or registered office and/or the new registered office adegistered Agent  (Flori	SUITE 200  TAMPA, FL 33618  e address in Florida, enter the name of the dress:	
(Mailing address <u>MA</u> D. If amending the reginew registered agen  Name of New Ro	istered agent and/or registered office and/or the new registered office adegistered Agent  (Flori	SUITE 200  TAMPA, FL 33618  e address in Florida, enter the name of the dress:	
(Mailing address <u>MA</u> D. If amending the reginew registered agen  Name of New Ro	istered agent and/or registered office and/or the new registered office adegistered Agent  (Flori	SUITE 200  TAMPA, FL 33618  e address in Florida, enter the name of the dress:  ida street address)  , Florida	
O. If amending the reginew registered agen Name of New Registered New Registered	istered agent and/or registered office it and/or the new registered office adegistered Agent  (Flori Office Address:	SUITE 200  TAMPA, FL 33618  e address in Florida, enter the name of the dress:  ida street address)  , Florida (City) (City) (City Code)	
O. If amending the reginew registered agen Name of New Registered New Registered	istered agent and/or registered office it and/or the new registered office adegistered Agent  (Flori Office Address:	SUITE 200  TAMPA, FL 33618  e address in Florida, enter the name of the dress:  ida street address)  (City)  (City)  (Zip Code)	

DocuSign Envelope ID: 92887184-F3D5-4285-B0A7-A01895C8F2F6

14077100533

(((H21000364660 3)))

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	)1V18
"The number of votes cast for the amendment(s) was/were sufficient for approval	Sick Sick
SINGLE MEMBER	SECRETARY SECRETARY 2021 SEP 30
(voting group)	<b>0</b>
	AM 10: 17
9/29/2021 Dated	
Signature Unicius Fysiaki	<b>5</b>
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
VINICIUS FUJISAKI	
(Typed or printed name of person signing)	
MANAGER	
(Title of person signing)	<del></del>

9/30/2021 10:39:22 AM PAGE 1/001 Fax Server



September 30, 2021

FLORIDA DEPARTMENT OF STATE Division of Corporations

BIOMART CORP. 3255 SOL LOOP 4105 LAND O LAKES, FL 34638

SUBJECT: BIOMART CORP. REF: P21000045247

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please refax your cover sheet in Portrait and not Landscape, it is not suitable for imaging

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) 245-6051.

Stacy Prather Regulatory Specialist III FAX Aud. #: H21000364660 Letter Number: 321A00023653