A1900000053/

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Ilya Smith T (313) 309-9466 F (313) 965-8252 Email:ismith@clarkhill.com Clark Hill 500 Woodward Ave., Suite 3500 Detroit, MI 48226 T (313) 965-8300 F (313) 965-8252

February 27, 2024

BY FEDEX

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Theralytics LTD, Florida Document Number A19000000531

Dear Sir or Madam:

Enclosed are two copies of Certificate of Amendment to Certificate of Limited Partnership of Theralytics LTD. and filing fee and certified copy fee of \$105.00.

Also enclosed is a stamped self-addressed return envelope.

Sincerely,

CLARK HILL

/s/ Ilya Smith

Ilya Smith

IS:tdk Enclosures

COVER LETTER

Division of	Section Corporations			
SUBJECT: Theraly	ties LTD.			
N N	ame of Florida Limited Pa	rtnership or Limited Lia	ability Limited Partnership	
The enclosed Certif	icate of Amendment a	nd fcc(s) are submi	tted for filing.	
Please return all cor	respondence concerni	ng this matter to:		
Ilya Smith				
	Contact Person			
Clark Hill PLC				
	Firm/Company			
500 Woodward Ave., S	uite 3500			
	Address			
Detroit, MI 48226				
	City, State and Zip Code			
	be used for future annual	•		
	ion concerning this m	atter, piease call:		
Ilya Smith		at ()	309.9466	
Name of Conta	ect Person	Area Code and	Daytime Telephone Number	
Enclosed is a check	for the following amo	unt:		
☐ \$52.50 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fo and Certified Copy	ee	
Mailing Address:		Street Ac	ddress:	
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
Turianasco, FL 323	ויז		see, FL 32303	
		• • • • • • • • • • • • • • • • • • • •		

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF



Theralytics LTD.

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Fl limited liability limited partnership, whose certific November 12, 2019 , assigned Flo	cate was filed wit	h the Florida Department of State on imber A1900000531
adopts the following certificate of amendment to	its certificate of li	imited partnership.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the libere:	imited partnership	or limited liability limited partnership
Theralytics, LP		
New name must be distinguish	able and contain an a	acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: L		
B. If amending mailing address and/or princip principal office address here:	oal office addres	s, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)		<u> </u>
New Mailing Address: (May be post office box)		
C. If amending the registered agent and/or registere registered agent and/or the new registered office add	ed office address or dress here:	nour records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Entre Ele	rida street address
	Enter P101	taa sireet aaaress
	Circ	, Florida
	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.

	☐ Add
	□ Add
<u> </u>	□ Remove
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F. If amending any other info	rmation, en	nter change(s) here: (Attach additional sheets, if necessary.)	
Effective date, if other than the da	te of filing:	:	te this document is filed by the Florida Department	of
State.)				19
be listed as the document's effective date			statutory filing requirements, this date will not 's records.	
Cianatura(a) of a garage haut-		1		
Signature(s) of a general partne				
	nership" eleci	tion statement.	locument unless the limited partnership is adding or . Chapter 620, F.S., requires all general partners to section statement.)	igi
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JlL_				
,				
				
Signature(s) of all new or dissoci	iatina aana	sual nautnau	(a) if any	
signature(s) or an new or dissoc	iating gene	erai partiier	(s), n any.	
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Pilling Page	653.50			
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50			
Certificate of Status (optional):	\$8.75			

COVER LETTER

TO: Registration Division of O				
SUBJECT: Theralyt	ics LTD.			
N:	nme of Florida Limited Pa	rtnership or Limited Liabilit	y Limited Partnership	
The enclosed Certifi	cate of Amendment a	nd fee(s) are submitted	for filing.	
Please return all cor	respondence concerni	ng this matter to:		
Hya Smith				
	Contact Person			
Clark Hill PLC				
	Firm/Company			
500 Woodward Ave., S	uite 3500			
	Address			
Detroit, MI 48226				
(City, State and Zip Code			
E-mail address: (to	be used for future annual	report notification)		
For further informat	ion concerning this ma	atter, please call:		
llya Smith		at (313) 309.5	9466	
Name of Conta	et Person		ime Telephone Number	
Enclosed is a check	for the following amo	unt;		
☐ \$52.50 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status	■\$105.00 Filing Fee and Certified Copy	☐\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
Mailing Address: Registration Section		Street Addre		
Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314 2415 N. Monroe Street, St				
		Tallahassee.	FL 32303	