

12/15/22, 4:33 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L18000113481

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 STATE OF FLORIDA
 DEPARTMENT OF STATE
 TALLAHASSEE, FL
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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : TAXLEAF.COM INC
 Account Number : 120140000084
 Phone : (305)541-3980
 Fax Number : (786)713-1940

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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2022 DEC 16 15:13:05

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 LBF BIOTECHNOLOGIES LLC**

| | |
|-----------------------|---------|
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C. BRUMBLEY

DEC 20 2022

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LBF BIOTECHNOLOGIES LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/04/2018 and assigned Florida document number L18000113451

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED 2022 DEC 16 AM 9:17 SECRETARY OF STATE TALLAHASSEE, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of new registered agent and/or the new registered office address here:

Name of New Registered Agent: ROMAR INTERNATIONAL LLC

New Registered Office Address: 14334 BISCAYNE BLVD Enter Florida street address

NORTH MIAMI, Florida 33181 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.

Signature of New Registered Agent: [Handwritten Signature] If Changing Registered Agent, Signature of New Registered Agent

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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

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| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--|---------------------------------------|--|
| MGR | SOOS, ANDRE L | RODOVIA RAPOSO TAVARES, 7389 APTO 174 | <input type="checkbox"/> Add |
| | | SAO PAULO, SP 05577-200 BR | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | DE OLIVEIRA ANDRADE SOARES, NADIA CAROLINA | RUA TEIXEIRA DE MELO, 335 APTO. 2201 | <input checked="" type="checkbox"/> Add |
| | | SAO PAULO, SP 03067-000 BR | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | DE ANDRADE SOARES, ALEXANDRE | RUA TEIXEIRA DE MELO, 335 APTO. 2201 | <input type="checkbox"/> Add |
| | | SAO PAULO, SP 03067-000 BR | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines provided for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(1)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated DECEMBER 13TH, 2022

Handwritten signature of Alexandre de Andrade Soares

Signature of a member or authorized representative of a member

DE ANDRADE SOARES, ALEXANDRE

Typed or printed name of signer