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Ϋ́ο:	Division of Corporations		
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	Fax Number . (050)027 0505	22	m
From:	THE STATE OF THE S	PA OF SSE	111
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	D)	\mathbf{C}
	Account Number : 120000000019		
	Phone : (305)552-5973		
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**Ente	f r the email address for this business entity to be used for annual report mailings. Enter only one email address please	· future **	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BIOPIT LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BIOPIT LLC				
Name of the Limi	red Liability Compa (A Florida Limited)	ny as it now appear liability Company)	on our records.)		
The Articles of Organization for this Limited L			08/17/2022	· ;	and assigned
Florida document number L22000363011	·				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liabi	lity company be	re;		
The new name must be distinguishable and contain the w	ords "Limited Liahil	ity Company," the de	signation "LLC" or t	he abbrevia	tion "L C "
Enter new principal offices address, if applic		711 CRANDON			,
(Principal office address MUST BE A STREE	T ADDRESS)	KEY BISCAYN	E, FL 33149	100	202
					SE T
				25	
Enter new mailing address, if applicable:		711 CRANDON	BLVD APT 402	SA	6
(Mailing address MAY BE A POST OFFICE)	80X)	KEY BISCAYN	E, FL 33149	<u> </u>	<u> </u>
•				- 'C: T) = i	= 0
		-		i <u>. 5</u>	53
B. If amending the registered agent and/or re	gistered office a	ddress on our re	cords, enter the r	isme of t	he new registere
agent and/or the new registered office addres	<u>s herc</u> :				
Name CV B. Co.					
Name of New Registered Agent:					
New Registered Office Address:	<u> </u>	711 CRANDON	BLVD APT 402		
	•	Enter Floria	la street address		· ·
	KEY BIS	CAYNE	, Florida	33	149
	.,	City			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. Cr, 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.

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

Title	<u>Name</u>	Address	Type of Action
MGR	FERNANDO MUNARRIZ	711 CRANDON BLVD APT 402	
		KEY BISCAYNE, FL 33149	
\			Change
MGR	MIGUEL MUNARRIZ	711 CRANDON BLVD APT 402	
		KEY BISCAYNE, FL 33149	DRemove
			Change
MGR	SEBASTIAN GUTIERREZ	711 CRANDON BLVD APT 402	
		KEY BISCAYNE, FL 33149	□Remove
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LAZARUS CORPORATE

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