Florida Department of State

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SEROTONIN HOLDINGS, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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| (Name of the Limited Lie (A Fig. | ability Company as it now appears on our records.) orda Limited Liability Company) | |
|--|---|---------------------------------------|
| The Articles of Organization for this Limited Liabilit | ty Company were filed on April 25, 2023 | and assigned |
| This amendment is submitted to amend the following | <u>ş</u> . | |
| A. If amending name, enter the new name of the | limited liability company here: | |
| SSRI HOLDINGS, LLC The new name must be distinguishable and contain the words " | "Limited Liability Company," the designation "LLC" or the ab | breviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AL | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or regist | ered office address on our records, enter the nam | |
| ngent and/or the new registered office address he Name of New Registered Agent: | <u>16</u> . | 2023 |
| New Registered Office Address: | | AA |
| Tion Roginaled Office Tourists | Enter Florida street address , Florida | |
| New Registered Agent's Signature, if changing Regis | City , Florida, | · Zip Code : |
| | | 2 |
| I hereby accept the appointment as registered ag provisions of all statutes relative to the proper as accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan | nd complete performance of my duties, and I am j ad agent as provided for in Chapter 605, F.S. Or, stered office address, I hereby confirm that the lit | familiar with and if this document is |
| | If Changing Registered Agent, Signature of New Re- | gistered Agent |

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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| AMBR = A | Authorized Member | | |
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| ffective date, if other than the date of filing: (optional) | amending | g any other information | i, enter change(s) h | ere: (Attach aa | iditional sheets, if r | necessary.) |
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