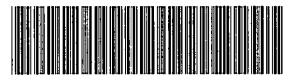
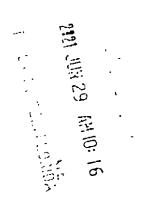


| (Re | equestor's Name) | |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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| | Office Use Only | , |



06/29/21--01034--030 **60.00



COVER LETTER

TO:

Registration Section
Division of Corporations

Taflahassee, FL 32314

| 50000000000000000000000000000000000000 | SOTER SCIENTIFIC, LLC. Name of Lin | nited Liability Company | | |
|-----------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following. | | |
| | Cecilia J. Arias | | | |
| | | Name of Person | | |
| | KYRIOS-SOTER SCIEN | | | |
| | | Firm/Company | | |
| | 12251 SW 114 Terrace | | · · · · · · · · · · · · · · · · · · · | |
| | | Address | | |
| | Miami, Florida 33186 | 0.5. | | |
| | less accounting of the second | City/State and Zip Code | | |
| | kss.accounting@gmail.com E-mail address: (| to be used for future annual report not | ification) | |
| For further information of | concerning this matter, please c | ali: | | |
| Cecilia J. Arias | | at (305) 2540676 | | |
| Name of Person | | Area Code Daytin | ne Telephone Number | |
| Enclosed is a check for t | he following amount: | | | |
| □ \$25,00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ■ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| Mailing Addres | | Street Address: | .• | |
| Registration Section Division of Corporations | | Registration Section Division of Corporations | | |
| P.O. Box 632 | | The Centre of T | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Lim | ited Liability Compa (A Florida Limited) | ny as it now appears on our reco Liability Company) | ords.) |
|------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------|----------------------------------|
| The Articles of Organization for this Limited I Florida document number <u>L06000110889</u> | iability Company | were filed on November 16, | and assigned |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name of | of the limited liab | ility company here: | |
| KYRIOS SOTER SCIENTIFIC LLC | | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation "Li | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | (same as before) | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | - 72 |
| Enter new mailing address, if applicable: | | (same as before) | W129 N |
| B. If amending the registered agent and/or | registered office a | nddress on our records, <u>ent</u> e | 6: 16 |
| igent and/or the new registered office addre | ess here: | | |
| Name of New Registered Agent: | (same as before | •) | |
| New Registered Office Address: | (same as before | 2) | |
| | | Enter Florida street addi | ress. |
| | | | Florida |
| | | Сиу | 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.

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 = N $AMBR = A$ | lanager Authorized Member | | |
|--------------------|------------------------------|-------------|---------------------------------------|
| <u>Title</u> | Name | Address | Type of Action |
| | | | □Add |
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| Effective date, if other than t | va duta of filing: 06/24/20 | 21 | (optio | mal) | |
| f an effective date is listed, the date in | just be specific and cannot be pr | ior to date of filing or m | ore than 90 days after | filing.) Pursua | ant to 605 0207 |
| Note: If the date inserted in this document's effective date on the | block does not meet the app Department of State's recor | licable statutory filin ds | g requirements, this | date will no | ot be listed as |
| | , , , , , , , , , , , , , , , , , , , | | | | |
| e record specifies a delayed effect d is filed | ive date, but not an effective | e time, at 12:01 a m | on the earlier of (b) | The 90th | day after the |
| Lucy 24 | 2021 | | | | |
| Dated | . 2021 | | | | |
| · · · · · · · · · · · · · · · · · · · | eulia Avio | | | | |

Filing Fee: \$25.00

Typed or printed name of signee