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COVER LETTER

TO: Registration Section Avision of Corporations
SUBJECT: KYRIOS SOTER SCIENTIFIC LLO Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
CECILIA J. ARIAS Name of Person
KYRIOS SOTER SCIENTIFIC LLC
12355 S.W. 129 Ct. Suita
Midni F(. 33186 City/State and Zip Code
Ce cili2. 2 ri25 @ Kss cientific, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call-
Cacilis J. Ariss at (305) 254-0676 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{(additional copy is enclosed)} \text{Certified Copy} \text{(additional copy is enclosed)}
Mailing Address: Street Address: Registration Section Division of Corporations Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kyrios Soter Scientific LLC			· · · · · · · · · · · · · · · · · · ·	
(<u>Name of the Lim</u>	ited Liability Comp: (A Florida Limited	<u>inv as it now appears of</u> Liability Company)	our records.)	
The Articles of Organization for this Limited I	Liability Company	were filed on 11/16/	2006 L. and assigne	:d
lorida document number 1.06000110889	···································			
his amendment is submitted to amend the fol	lowing:			
If amending name, enter the new name	of the limited liab	ility company here:		
ŇΛ				
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	nation "LLC" or the abbreviation "L.L.C."	
Inter new principal offices address, if appli	cable:	N/A	· • • • • • • • • • • • • • • • • • • •	
Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		18313 SW 153rd Place, Miami, FL 33187		
Mailing address MAY BE A POST OFFICE	ΕΒΟΧ)			
				
. If amending the registered agent and/or		address on our reco	rds, <u>enter the name of the new re</u>	giste
gent and/or the new registered office addre	ess here:			
Name of New Registered Agent:	<u>N/A</u>			—–
New Registered Office Address:	N/A			
		Enter Florida :	street address	
	v1 4 4	·····	, 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 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			
			□Remove
			□Add
	9/10		□Remove
	10/1		□ Change
			Remove
			Change
			□Add
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			□Remove

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neffective date is te: If the date	other than the date of listed, the date must be specinserted in this block docive date on the Department.	rific and cannot be prior to s not meet the applicab	date of filing or more than 90 le statutory filing requiren	(optional) days after filing.) Pursuant to ments, this date will not be	605.020 listed a
cord specifies : s filed.	i delayed effective date, l	out not an effective tim	e, at 12:01 a.m. on the earl	lier of: (b) The 90th day a	ister the
ed <u>January 03</u>	1	<u>2022</u>	. •		
	/ Signatu	nula H/ka re of a member or authori	zed representative of a memb	ет	-