Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

BLUEPEARL SCIENCE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

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Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BluePearl Science, LLC		
(Name of the Limited Liability Com (A Florida Limite	inany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Comparation for this Limited Liability Comparation document number. L11000039842	ny were filed on <u>04/01/2011</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li-	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or the a	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)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:  Name of New Registered Agent:	e address on our records, enter the nar	ne of the new registers
<u> </u>		AN F
New Registered Office Address:	Enter Florida street address	LED REFOR
	, Florida	Sint odes
New Registered Agent's Signature, if changing Registered Ager	<u>nt:</u>	* 37 ATE RIOA
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	ete performance of my duties, and I am as provided for in Chapter 605, F.S. Or	gree to comply with the familiar with and this document is
1f.C	hanging Registered Agent, Signature of New R	egistered 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	Name	Address	Type of Action
Manager	Darryl S. Shaw	2950 Busch Lake Blvd., Tampa, FL 33614	🗆 Add
			<b>⊡</b> Remove
			□ Change
Manager	Nicholas R. Nelson	2950 Busch Lake Blvd., Tampa, FL 33614	<b>⊮</b> Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Add
			Remove
			□Change
			🗀 Add
			DRemove
			☐ Change
			🖸 Add
			[]Remove
			□ Change

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	#1. Mate		
		<u>.</u>	<del> </del>
			<del></del>
Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	ock does not meet the applica	o date of filing or more than 90 days a able statutory filing requirements,	ptional) ifter filing.) Pursuant to 605,0207 this date will not be listed as
ne record specifies a delayed effective and is filed	e date, but not an effective tir	ne, at 12 (1) a m on the earlier of	
			AA AA
Dated January 5	2022	_·	FILED  JAN 12 PM I2: 37  RETARY OF STATE AHASSEE, FLORIDA