14000039146

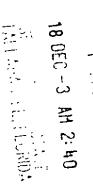
| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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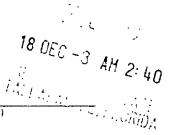
| | gistration Sec vision of Corp | | | | | |
|---------------|----------------------------------|--------------------------------------|--------------|---|------------------------|---|
| SUBJECT: | AVESPA H | OLDINGS, LLC | ALGA | L RESEAR | CH CENTER | 2, LLC |
| sonsite i. | | Na | me of Limite | d Liability Compan | y | |
| The enclose | d Articles of A | .mendment and fee(s | s) are submi | tted for filing. | | |
| Please returi | n all correspon | dence concerning th | is matter to | the following: | | |
| | | David Punchard | | | | |
| | | | | Name of Perso | n | |
| | | AVESPA HOLDIN | IGS, LLC | | | |
| | | " | | Firm/Company | ′ | |
| | | 20200 West Dixe | y Highway | Suite 703 | | |
| | | | | Address | | |
| | | MIAMI, FL 33180 | | | | |
| | | | | City/State and Zip (| Code | |
| | | dpunchard@avesp E-mail | address: (to | be used for future ar | nnual report notificat | ion) |
| For further i | nformation co | ncerning this matter. | please call | : | | |
| David Pund | chard | | | 954 | | |
| | Name of | Person | | Area Code | Daytime Te | tephone Number |
| Enclosed is | a check for the | following amount: | | | | |
| □ \$25.00 I | Filing Fee | ■ \$30.00 Filing F Certificate of | | □ \$55.00 Filing Certified Cop (additional copy |)y | ☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ALGAL RESEARCH CENTER, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability (| Company were filed on 03/07/2014 | and assigned |
|--|--|---------------------------------|
| Florida document number L14000039146 | <u></u> - | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | mited liability company here: | |
| The new name must be distinguishable and contain the words "Lit | mited Liability Company," the designation "LLO | 2" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADD | PRESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | - |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office ado | | s, enter the name of the new |
| Name of New Registered Agent: | | <u> </u> |
| New Registered Office Address: | · | |
| | Enter Florida street addre. | ss |
| | | lorida |
| | 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 |
|--------------|--------------------|--|----------------|
| MGR | Dr. Philippe Bois | 3125 JUPITER PARK CIRCLE SUTIE 2 | |
| | | JURITER FI 33458 | |
| | | | Remove |
| | | | □ Change |
| MGR | Alberto Benacerraf | 20200 West Dixey Highway Ste 703 <u>Miami El 33180</u> | □ Add |
| | | Miami El 3318(I | A |
| | | | □ Remove |
| | | | ☐ Change |
| | | | 18 0 |
| | | | |
| | | | . □ Remove |
| | | | 22 |
| | | | ☐ Change |
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| | | - | Remove |
| | | | □ Chanve |

| rective date, if other than the date of filing: (optional) reflective date is listed, the date must be specific and curront be prior to date of filing or more than 90 days after filing. Pursuant to 60 res. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earling of the poth day after the record is filed. | | | ··· | | | | | |
|---|---------------|-------------------|---------------------------------------|------------------|------------------------|---------------------------------------|-----------------------------|------|
| ective date, if other than the date of filing: | · | | | | | | | |
| ective date, if other than the date of filing: | | | | | | | | |
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| ective date, if other than the date of filing: | | | | | | | \ \ \ | در |
| ective date, if other than the date of filing: | | | · · · · · · · · · · · · · · · · · · · | , | | | | 7 |
| ective date, if other than the date of filing: | | | | | | | | 75 |
| ective date, if other than the date of filing: | | | | | · | | | . • |
| ective date, if other than the date of filing: | ~ | | · | | | | · · | |
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| ective date, if other than the date of filing: | | | | - | | · · · · · · · · · · · · · · · · · · · | | |
| te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list cument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliche 90th day after the record is filed. | | <u></u> | · · · · · · · · · · · · · · · · · · · | | | | | |
| te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list cument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliche 90th day after the record is filed. | | | | | | | | |
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| he 90th day after the record is filed. | te: If the da | ate inserted in t | his block does | not meet the app | olicable statutory | filing requirements. | this date will not be liste | ed a |
| ed 28 NOV 2018 | | | | | not an e ffecti | ve time, at 12:0 |)1 a.m. on the earlie | er (|
| | ed 2 | 8 NOV | 2018 | | | | | |
| /. // / / | | | | 7/7/ | 1 | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00