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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Co	rporations		
SUBJECT:	Mito Therapeutics, LLC		
5050ECT	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
ι	Kevin P. Raisch		
		Name of Person	
	Mito Therapeutics, LLC		
		Firm/Company	
	2015 NW 89th Dr.		
		Address	
	Gainesville, FL 32606		
		City/State and Zip Code	
	mitotherapeutics@gmail.co		
_	E-mail address: (1	to be used for future annual report notifica	ition)
For further information	concerning this matter, please ca	all:	
Kevin P. Raisch		352 278-7879 at () Area Code Daytime T	
Name	of Person	Area Code Daytime T	elephone Number
Enclosed is a check for	the 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)

TO:

Registration Section

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**

Mito Therapeutics, LLC			
(<u>Name of the Limited Liability Company as it ne</u> (A Florida Limited Liability C	ow appears on our records.) Company)		
The Articles of Organization for this Limited Liability Company were file	ed on8/14/15	and assigned	
Florida document numberL15000139601			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability con	npany here:		
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbrev	jation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
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	; - •		
Enter new mailing address, if applicable:		ol G	
(Mailing address MAY BE A POST OFFICE BOX)	-	7111	
B. If amending the registered agent and/or registered office ad-	dress on our records, enter the	name of the nev	
registered agent and/or the new registered office address here:			
Name of New Registered Agent:		·	
New Registered Office Address:			
	Enter Florida street address		
	, 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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kevin P. Raisch	evin P. Raisch 2015 NW 89th Dr. Gainesville, FL 32606	
			☐ Remove
			☐ Change
	<u></u>		□ Add
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	other than the date of filir	ng:	(optional) un 90 days after filing.) Pursuant to 605	
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