

L170000 14665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

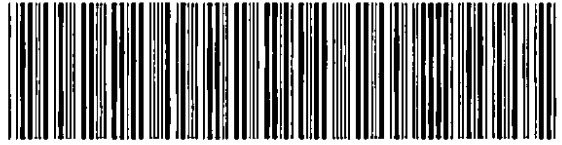
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2022 NOV 29 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2022 NOV 29 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

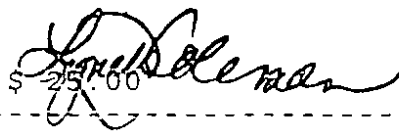
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 160986 8308260

AUTHORIZATION :

COST LIMIT : \$ 25.00



ORDER DATE : November 28, 2022

ORDER TIME : 9:57 AM

ORDER NO. : 160986-005

CUSTOMER NO: 8308260

DOMESTIC AMENDMENT FILING

NAME: ASPIRE HEALTH SCIENCE, LLC

EFFECTIVE DATE:

XX___ ARTICLES OF AMENDMENT
___ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY
XX___ PLAIN STAMPED COPY
___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Aspire Health Science LLC

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:

Allen Chen

Name of Person

Healthbanks Biotech Inc

Firm/Company

185 Technology Dr Suite 150

Address

Irvine CA 92618

City/State and Zip Code

achen@healthbanks.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allen Chen

949

428-5219

at (_____) _____

Name of Person

Area Code

Daytime Telephone 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2022 NOV 29 AM 11:51

Aspire Health Science LLC

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

TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 11/23/2022 and assigned
Florida document number L17000014665.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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>	<u>Address</u>	<u>Type of Action</u>
President	Kyle Makofka	PO BOX 10	<input type="checkbox"/> Add
		Blackfalds, Alberta T0M 0J0 CA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Xiaochun (Chris) Xu	185 Technology Dr Suite 150	<input checked="" type="checkbox"/> Add
		Irvine CA 92618	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Secretary	Haihong (Michelle) Zhu	185 Technology Dr Suite 150	<input checked="" type="checkbox"/> Add
		Irvine CA 92618	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Principal	Jingwen (Jane) Liu	185 Technology Dr Suite 150	<input checked="" type="checkbox"/> Add
		Irvine CA 92618	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2022 NOV 29 AM 11:11
FALL RIVER, RI

2027 NOV 29 AM 11:51
FALL CHAS. ST. H.

77-100

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00