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## **COVER LETTER**

TO: Registration Division of C	Section Corporations		
REDOX	SIGNALING TECHNOLOGIES	LLC	
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are subr	mitted for filing.	
Please return all corre	spondence concerning this matter t	to the following:	
	RONALD L. MOHL, SR.		
		Name of Person	<del></del>
	R.L. MOHL & ASSOCIAT	ES	
		Firm/Company	
	941 DOGWOOD ROAD		
		Address	
	NORTH PALM BEACH, F	FLA, 33408	
	RLMOHL@GMAIL.COM	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	E-mail address: (i	to be used for future annual report notif	ication)
For further information	on concerning this matter, please ca	all:	
RON MOHL, SR		202 830-8341	
		at ()	
Nar	ne of Person	Area Code Daytime	e Telephone Number
Enclosed is a check f	or the following amount:		•
S25.00 Filing Fe	e \$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)

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TO:

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

REDOX SIGNALING TECHNOLOGIES, LLC		
(Name of the Limited Liability ( (A Florida Li	Company as it now appears on our record imited Liability Company)	<u>ls.</u> )
The Articles of Organization for this Limited Liability Con- Florida document number	mpany were filed on 6/5/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
R.L. MOHL & ASSOCIATES, LLC		1
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRE)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	<u></u>	PILED  2021-JUL 12 -AM-10: 28 SECRETARY OF STATE TALLAHASSEE, FL
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	ess
		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>	Name	Address	Type of Action
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Signature of a member of anthori	azeu representative of a member			
RONALD L. MOHL, SR.				
Typed or printed	name of signee		<del></del>	