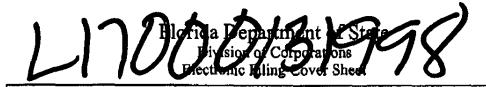
Division of Corporations

Page 1 of 1

BOZARTH, P.A.



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Division of Corporations

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Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAROUA

Account Number : 076077001702

Phone : (407)841-1200 Fax Number : (407)423-1831

**Enter the email address for this business entity to be used for Tuturg annual report mailings. Enter only one email address please; **

Email Address: javier.miller3@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VERAX INVESTMENTS, LLC

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Corporate Filing Menu.

Help

(((H18000139913 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Verax Investments, 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 June 19, 2017 and assigned Florida document number L17000131998 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Verax Fairbanks, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of 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

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

Zip Code

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☐ Change

(((H18000139913 [8])))

If amending Authorized Person(s) authorized to manage, enter the Atle, name, and address of each person, being added or removed from our records:

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