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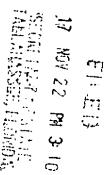
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COVER LETTER

Mechoulam SUBJECT:	Biomedicine Llc		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
	Juan Romero		
		Name of Person	
	Mechoulam Biomedicine Ile	e	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	TH E LAS OLAS BLVD I	140	
	 -	Address	
	FORT LAUDERDALE 333	301	
	• Juan@canbio.us	City/State and Zip Code	
	E-mail address: (to	o be used for future annual report notific	ration)
For further information co	oncerning this matter, please ca	11:	
Juan Romero		954 993-8077 at ()	
Name o	f Person .	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

TO:

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

Mechoulam Biomedicine 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 $\frac{1}{2}$ and assigned Florida document number _ L17000154292 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Canbio Lle The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 1 4 . Florida City 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

f amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added, r removed from our records</u>:

4GR = Manager

AMBR = Authorized Member

<u>litle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			☐ Change
			Remove
			☐ Change
			Add
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n effective date is listed, the date m ote: If the date inserted in this b	ust be specific and canno block does not meet th	ot be prior to date ne applicable sta	of filing or more than stutory filing requi	i 90 days after fill frements, this d	ing.) Pursuant to t ate will not be l	isted a
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Typed or printed name of signee

Filing Fee: \$25.00