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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to Fil	ling Officer:	İ

Office Use Only



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COVER LETTER

	gistration Se vision of Cor				
SUB ICZYP		OURCES LLC			
SUBJECT:		Name of Lim	ited Liability Company		-
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	ı all correspo	indence concerning this matter	to the following:		
		LEE D RUBIN			
			Name of Person		_
		LDR RESOURCES LLC			
			Firm/Company		_
		14802 WILDFLOWER LA	ANE		
			Address		_
		DELRAY BEACH, FL 33	446		
			City/State and Zip Code		_
		LEE@LDRRESOURCES.C	COM to be used for future annual r	enort natitiestion)	_
For further i	nformation c	oncerning this matter, please ca		CINT III III III III	
LEE D RUE	3IN		561 715	-4781	
	Name o	î Person	Area Code	Daytime Telephone Numb	ner .
Enclosed is	a check for th	ne following amount:			
\$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc)	Certifi osed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
	iling Addres gistration S		Street Ad Rooistra	dress: tion Section	
	_	orporations	_	of Corporations	
	D. Box 632			tre of Tallahassee	O1A
	D. Box 632 Hahassee, I		The Cen	•	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LDR RESOURCES LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) hability Company)	
he Articles of Organization for this Limited Liability Company	were filed on <u>+0/18/2017</u>	and assigned
orida document number 1.17000215807		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
te new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LEC" (or the abbreviation "E.I.,C."
nter new principal offices address, if applicable:	14802 WILDFLOWER LANE	
Principal office address MUST BE A STREET ADDRESS)	DELRAY BEACH, FL. 33446	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
		_
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new regist
		· .
Name of New Registered Agent:		λ'
New Registered Office Address:	Enter Florida street address	
	, Flori	ida
	City	ida Zıp 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 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>	Type of Action
MGR	ALPHA VIRINIS, LLC	2385 NW EXECUTIVE CENTER DRIVE	
		SUITE 100	≡Remove
		BOCA RATON, FL 33431	
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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	DATE OF DUALS		- r
		(optional)	
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an effective date is listed, the date must be nete: If the date inserted in this block ocument's effective date on the Department specifies a delayed effective date is filed. [ANLIARY 13]	specific and cannot be prior to date of a does not meet the applicable status rement of State's records. ate, but not an effective time, at 12:	filing or more than 90 days after filing.) P tory filing requirements, this date w	ursuant to 605.0207 ill not be listed as
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Filing Fee: \$25.00