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SECRETARY OF STATE OF

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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

Veteran Apothecary LLC SUBJECT: __ 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: Kaley Jackson Name of Person Veteran Apothecary LLC Firm/Company 2101 Reynolds Street Address Sarasota, FL 34231 City/State and Zip Code kaley@synkronbiosciences.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kaley Jackson Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. **■** \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Veteran Apothecary LLC			
(Name of the Limi	ted Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited L	iability Company were filed	on06/19/2018	and assigned
lorida document number 1.18000150104			
his amendment is submitted to amend the following	owing:		
a. If amending name, enter the new name o	of the limited liability compa	any here:	
he new name must be distinguishable and contain the	words "Limited Liability Company,	" the designation "LLC" o	r the abbreviation "L.L.C."
nter new principal offices address, if applie	cable:		
<u>Principal office address MUST BE A STREI</u>	ET ADDRESS)		
inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	BOX)	* ***	
3. If amending the registered agent and/or	• •	our records, enter th	e name of the new register
gent and/or the new registered office addre	<u>sss nere</u> :		
Name of New Registered Agent:	Victor Brown		
New Registered Office Address:	162 Padova Way		
-	Enter Florida street address		
	North Venice	Flori	da 34275
	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>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
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Signature of a plember or authorized representative of a member	Augus	t 17		2022	<u> </u>			
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			Signature OF	grancinoci or aum	arvea representat	ve or a member		