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TO: .	Registration So Division of Cor				
ena irz		ocessing LLC	,		:
SUBJEC	LI;	Name of Lim	ited Liability Company		
The encl	losed Articles of	Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. All correspondence concerning this matter to the following: Kaley Jackson Name of Person Jackson Processing 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) formation concerning this matter, please call: n at (4) Name of Person B962616 Daytime Telephone Number			
Please ro	eturn all correspo	ondence concerning this matter	to the following:		
		Kaley Jackson			
			Name of Person	-	
		Jackson Processing LLC			
			Firm/Company		
		2101 Reynolds Street			
			Address		
		Sarasota, FL 34231			
For furth	ner information c			рон пописанов)	
Kaley Ja	ackson				
	Name o	of Person	Area Code	Daytime Telepho	ne Number
Enclosed	d is a check for t	he following amount:			
\$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy radditional copy is enclo		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Jackson Processing 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 ______ and assigned ______ and assigned Florida document number L18000238526 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or 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: Victor Brown Name of New Registered Agent: 162 Padova Way New Registered Office Address: Enter Florida street address , Florida 34275 Zin Code North Venice

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.

City

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
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