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## **COVER LETTER**

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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:  Ricardo Calzada, II, Esq.  Name of Person  My Law Solution, PA  Firm/Company  4767 New Broad Street  Address  Orlando, FL 32814  City/State and Zip Code realzada@mylawsolution.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, pleuse call:  Ricardo Calzada, II, Esq.  Name of Person  Area Code  Daytime Telephone Number  Inclosed is a check for the following amount:  \$25.00 Filing Fee  Certificat Copy (certified Copy	SUBJECT:	Vita Bioscie	ences MX Partners, LLC		
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Ricardo Calzada, II, Esq.    Name of Person					
Name of Person  My Law Solution, PA  Firm/Company  4767 New Broad Street  Address  Orlando, FL 32814  City/State and Zip Code realzada@mylaw solution.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Ricardo Calzada, II, Esq.  Name of Person  407  S43-2222  at (  Area Code  Daytime Telephone Number  Einclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy (Certificate of Status & Certified Copy (Certificate Of Status & Certified Copy) (Certified Copy)	Please return a	ali correspor	idence concerning this matter	to the following:	
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E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Ricardo Calzada, II, Esq.  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\frac{\text{\$\text{S25.00 Filing Fee}}{\text{\$\text{Certified Copy}}} \Bigcup \frac{\text{\$\text{\$\text{S60.00 Filing Fee}}}{\text{\$\text{\$\text{Certified Copy}}}} \Bigcup \frac{\text{\$\text{\$\text{\$\text{Certified Copy}}}}{\text{\$\text{\$\text{\$\text{\$\text{Certified Copy}}}}} \Bigcup \Bigcup \frac{\text{\$\text{\$\text{\$\text{\$\text{\$\text{Certified Copy}}}}}{\$\text{			Orlando, FL 32814		
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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

### **COVER LETTER**

Division o	Corporations
Vita l	iosciences MX Partners, LLC
30bjec1	Name of Limited Liability Company
The enclosed Artic	es of Amendment and fee(s) are submitted for filing.
r lease return an co	respondence concerning this matter to the following:
	Ricardo Calzada, II, Esq.
	Name of Person
	My Law Solution, PA
	Firm/Company
	4767 New Broad Street
	Address
	Orlando, FL 32814
	City/State and Zip Code rcalzada@mylawsolution.com
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For further informa	on concerning this matter, please call:
Ricardo Calzada, II	
N'	me of Person
Enclosed is a check	or the following amount:
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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

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Trional Commed Machiney Company	
ability Company were filed on M.	arch 14, 2019 and assigned
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ords "Limited Liability Company," the o	designation "LLC" or the abbreviation "L.L.C."
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fice address here:	n our records, enter the name of the la
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Orlando	, Florida 32814
	wing:  the limited liability company h  ords "Limited Liability Company." the or  able:  T ADDRESS)  or registered office address or fice address here:  My Law Solution, PA  4767 New Broad Street  Enter Flo

#### 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

Ricardo Calzada, II

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
MGR	Juan M. Valdez	4767 New Broad Street Orlando, FL 32814	Add
			■ Remove
	My Law Solution, PA	4767 New Broad Street	Change
MGR		Orlando, Fl. 32814	■ Add
		<del></del>	☐ Remove
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the rec ) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	Signature of a member or authorized representative of a member
	Ricardo Calzada, II

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