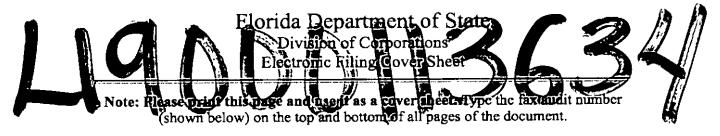
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEACON CENTER FOR LIFE SCIENCE & RESEARCH LLC

Certificate of Status	0
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M. SOLOMON

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Tallahassee, FL 32314

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COVER LETTER

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TO: Registration Se Division of Cor			
	iter for Life Science and Resear	rch LLC	
SUBJECT:	Name of Limi	ted Liability Company	· · ·
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Nancy Torres Kaufman		
		Name of Person	
	Beacon Pharmaceutical LL	.c	•
		Firm/Company	
	2000 PGA Boulevard Suite	: 4440	7. (1) (1) (1)
		Address	
	Palm Beach Garden, Florio	ia 33408	・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・
		City/State and Zip Code	
	ntorres@beaconcapital.org	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please co		,
Nancy Torres Kaufman		561 8889013 at ()	
Name o	f Person	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	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration (<u>Street Address:</u> Registration Sec	etion .
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and assigned abbreviation "L.L.C."
abbreviation "L.L.C."
. · <u>I</u>
25. 1.
777 6
me of the new registere
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

H210000836543

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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Note: I	re date, if other than the date of filing:	0207 (3)(b) ad as the
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	er of:
Dated _	02/26/2021	
	The Had	
	Signature of a member of authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00

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