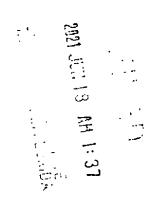
## L19000300133

Office Use Only



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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

Kiri bio Gr SUBJECT:	oup				
SOBJECT.	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Nicolas Mc Loughlin				
	<del></del>	Name of Person	<del></del>		
	Nicolas Mc Loughlin				
		Firm/Company	<del>_</del>		
	1035 NE 125th St. #110				
		Address	<del></del>		
	North Miami, FL, 33161, 1	FI.			
		City/State and Zip Code			
	benjasc@kiri.bio				
	E-mail address: (	to be used for future annual report not	tification)		
For further information c	oncerning this matter, please c	all:			
Nicolas Mc Loughlin		917 3713860 at ()			
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for th	ne following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection		
Division of C	orporations	Division of Co	Division of Corporations		
P.O. Box 632		The Centre of			
Tallahassee. I	こい シイン (4	2415 N. Monro	oe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kiri bio Group

(Name of the Lim	ited Liability Company (A Florida Limited Liab	as it now appears on or oility Company)	ur records.)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited I		ere filed on 12/09/19		_ and assigned
Florida document number 1.19000300133				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabilit	y company here:		
			- 4	20
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designat	ion "LLC" or the abbre	viation "L.1C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STREA			ည်	
				3 1
	-			<del></del>
Enter new mailing address, if applicable:			: •.	<u>ယ</u> 
(Mailing address MAY BE A POST OFFICE	BOX)			
	_			
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:		iress on our records	s, <u>enter the name o</u>	f the new registered
<del></del>	13.000.03			
New Registered Office Address:	13499 Biscayne Blvd #1414,  Enter Florida street address			
	North Miami			
		City	Florida 33181	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register, provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	oer and complete pe istered agent as pro registered office aa	rformance of my di vided for in Chapte	ines, and I fim fam er 605, F/S. Or, if t	iliar with and his document is

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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ctive date, if other than tl	ne date of filing:			(opt	ional)	
effective date is listed, the date n	ust be specific and cannot be pric block does not meet the appli			n 90 days afte	r filing.) P	
	Department of State's record		717 111115 teda	mements, m		Whot be noted
ord specifies a delayed effect filed.	ive date, but not an effective	time, at 12:0	I a.m. on the	earlier of: (	b) The 9	00th day after th
OS Tune	2021		4			
d on the		·	// .			
d	·					
d	Signature of a member or aut		hil	<del>,</del>		