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2022 MAR 25 AM IO: 38
SECRETARY OF STATE
TALL A HASSEE, FL

## **COVER LETTER**

TO: Registra Division	tion Section of Corporations		
Ava.	ntyx Pharmaceuticals		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are sub	bmitted for filing.	
Please return all co	orrespondence concerning this matter	r to the following:	
	Sandra Rieger		
		Name of Person	
	Avantyx Pharmaceuticals		
		Firm/Company	
	7901 SW 176th Street		
		Address	***
	Palmetto Bay, FL 33157		
	<del>-</del>	City/State and Zip Code	
	srieger@avantyxpharma.ed	om (to be used for future annual report nou	fication)
For further inform	nation concerning this matter, please of		
Sandra Rieger		305 3021284	
	Name of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a chec	ck for the following amount:		
□ \$25.00 Filing	Fee S30.00 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)
<u>Mailing</u> Registra	<u>Address:</u> ation Section	Street Address: Registration Sec	ction
Divisio	n of Corporations	Division of Cor The Centre of T	porations
P.O. Box 6327		The Centre of 1	ananassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED **OF**

2022 MAR 25 AM 10: 38

(Name of the Limited Liability Company as it now appears on on Coords) AY OF STATE
(A Florida Limited Liability Company) TALLAHASSE, FL The Articles of Organization for this Limited Liability Company were filed on  $\frac{1/24/2020}{1}$ Florida document number \_1.20000031420 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 "L.L.C." 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_\_, Florida \_\_\_ City 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

Avantyx Pharmaceuticals 1 LLC.

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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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior ick does not meet the applic	able statutory filing require	(optional)  Didays after filing.) Pursuant to 605.  ments, this date will not be liste	0207 ( d as t
record specifies a delayed effective d is filed.	date, but not an effective ti	me, at 12:01 a.m. on the ear	lier of: (b) The 90th day after	the
March 8  Dated		·		
Dated	·	Gized representative of a mem		

Same and the same of

Filing Fee: \$25.00