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SECRETARY OF STATE TALLAHASSEE, FL

FILED 2022 APR -5 AH 7: 37

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COVER LETTER

TO: Registration Se Division of Cor		<u>.</u>	
	Update L.L.C.		•
SUBJECT:	Name of Lim	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:	
	Dallas McClain		
		Name of Person	
	Biohackers Update L.L.C.		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	3633 Finch Street		
		Address	
	Orlando Florida		
		City/State and Zip Code	
	dallas.biohackersupdate.cor		
For further information of	e-mail address: (to be used for future annual report notifi all:	ication)
Dallas McClain		336 3148941	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for ti	he 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		Street Address: Registration Sec	tion
Division of C	lorporations	Division of Corp	porations
P.O. Box 632	27	The Centre of Ta	allahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENTILED TO ARTICLES OF ORGANIZATION-5 AH 7: 37

OF cros

SECRETARY OF STATE TALLAHASSEE, FL

Bionackers Opdate LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) .tability Company)	
The Articles of Organization for this Limited Liability Company Florida document number CP 575 G	were filed on 2/6/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	ility company here:	
Biohackers Magazine LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	iddress on our records, <u>enter th</u>	ie name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		e de la companya de l
	Enter Florida street address	
*******	Flor	ida
	City	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. Thereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CyborgMedia LLC	50 Causeway #2107 Boston MA 02114	= Add
			□Remove
			\(\text{\textsup} \) \(\text{Change}\)
			∐Add
			⊒Remove
			□Change
			□Add
			Remove
			'Add
			
			□Change
			□Add
			□Remove
			□Change
			:JAdd
		4	TRemove
			∐Change

	Director of Contact for CyborgMedia LLC is Jean Fallacara, Contact Information Below;
Ade	fress: 50 Causeway #2107 Boston MA 02114
Pho	ne: 514-240-1655
	
	
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n effecti <u>te:</u> If i	date, if other than the date of filing:
ecord s is filed.	execifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	4/2022
ted <u></u>	 ``
ted	