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A. BUTLER FEB 2 4 2022

## **COVER LETTER**

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Tallahassee, FL 32314

	ration Section of Corpor		٠,	4 · · · · · · · · · · · · · · · · · · ·
	ONYSUS R	ESEARCH, LLC	<i>y</i> ,	4
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Ar	rticles of Am	nendment and fee(s) are sub-	mitted for filing.	
Please return all	corresponde	ence concerning this matter	to the following:	
		KURT GRUBB		
		-	Name of Person	
			Firm/Company	<u>.</u>
		5125 Fairway One		
			Address	
		Valrico FL 33596		
		Life O	City/State and Zip Code	
	_	ksites@ymail.com E-mail address: (1	to be used for future annual re	nort notification)
For further infor	rmation cond	erning this matter, please ca		·
KURT GRUBB	1		727 686- at ( )	
	Name of Pe	erson	Area Code	Daytime Telephone Number
Enclosed is a ch	eck for the f	ollowing amount:		
<b>≡</b> \$25.00 Filir	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status &
	g Address:	otion	Street Add	
_	tration Section of Corp			ion Section of Corporations
	30x 6327	•		re of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 FEB 14 AM 8: 46

DIONYSUS RESEARCH, LLC	Cr.s	HILO-49
DIONYSUS RESEARCH, LLC  (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records y Liability Company)	LLAHASSEE, FI
The Articles of Organization for this Limited Liability Company Plorida document number <u>L20000141869</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5125 Fairway One	
Principal office address MUST BE A STREET ADDRESS)	Valrico FL 33596	
Enter new mailing address, if applicable:	5125 Fairway One	
Mailing address MAY BE A POST OFFICE BOX)	Valrico FL 33596	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter th</u>	e name of the new registe
ngent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter th</u>	e name of the new registe
egent and/or the new registered office address here:	address on our records, enter the	e name of the new registe
Name of New 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 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>	<u>Address</u>	Type of Action
AMBR	KRISTEN GRUBB	5125 Fairway One	
		Valrico FL 33596	■ Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
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			□ Changa

Effective date, if other than the date of filing:  (optional)  If an effective date, is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed.  Dated  February 10  2022  When the state of a member or authorized representative of a member					
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	Dated	 L	thorized representative of	f a member	

Filing Fee: \$25.00