Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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		Division of Corporations			i
		Fax Number	: (850)617-6383		45
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		Phone	: (561)694-8107		4.5
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Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

OF		
IBEX Bioindustries, LLC	ow appears on our records.)	
(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ompany)	
The Articles of Organization for this Limited Liability Company were file	ed on and a	ssigned
Florida document number L20000294127		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability con	npany here:	
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:	: ~?	
(Principal office address MUST BE A STREET ADDRESS)	, , , , , , , , , , , , , , , , , , ,	
 		
	C ²	3
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u>-</u>
		<u></u>
-		
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, <u>enter the name of the n</u>	ew register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
City	Zip Coo	le

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 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
MGR	JOSE F ROSADO	I I NANTAHALA TERRACE	□Add
		LAKE SANTEELAH, NC 28771	□Remove
			≅ Change
MGR	FRANCISCO GOMEZ MALAGON	13033 SW 63 COURT	🖸 Add
		PINECREST, FL 33156	Remove
			■Change
			□Add
			□ Remove
			C) Change
			☐Change
			Remove
			□Add
			☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

pg 4 of 4

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fective date, if other than the date on effective date is listed, the date must be spote: If the date inserted in this block document's effective date on the Department.	es not meet the applicat	date of filing or more that ble statutory filing requ	(optional) 190 days after filing.) Pirements, this date wi	ursuant to 605,020 Il not be listed a
ecord specifies a delayed effective date, is filed.	but not an effective tim	e, at 12:01 a.m. on the	earlier of: (b) The 9	Oth day after th
Dec 9th	2020			
ted Dec 7111		-		
ted	ture of a member or author			

Filing Fee: \$25.00