## 120000326798

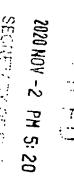
(Requestor's Name)  (Address)  (City/State/Zip/Phone #)  [ PICK-UP  WAIT  MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

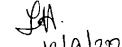
Office Use Only



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## **COVER LETTER**

TO:

	istration Se ision of Cor			
SUBJECT:	Vaxxinator		•	
SUBJECT			ited Liability Company	<del></del>
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		David Eddy		
		<del></del>	Name of Person	
		D.A. Eddy, PLLC		
			Firm/Company	<del></del>
		648 Northeast Third Avenu	ie	
		<del></del>	Address	
		Fort Lauderdale, FL 33304		
			City/State and Zip Code	<del>vs - s</del>
		deddy@eddy.law		
		E-mail address: ()	to be used for future annual report not	ification)
For further in	iformation c	oncerning this matter, please ca	ill:	
David Eddy			954 527.4111 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)
	iling Addres gistration S		<u>Street Address:</u> Registration Sc	ection
Division of Corporations		Division of Corporations		
	). Box 632		The Centre of	
Tal	lahassee, F	L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vaxxinator USA LLC		
(Name of the Limited Liability Compa (A Florida Limited I	inv as it now appears on our records Liability Company)	<u>··)</u>
The Articles of Organization for this Limited Liability Company	were filed on 10/15/20	and assigned
Horida document number L20000326798		
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	lity Company," the designation "LLC"	
Enter new principal offices address, if applicable:		20 <b>K</b> 0
Principal office address MUST BE A STREET ADDRESS)		
		一 ぎょう
Enter new mailing address, if applicable:		5: 2
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office :	address on our records, enter t	the name of the new regis
gent and/or the new registered office address here:	· <del></del>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	orida
	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, 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
AR	Nikki Pineiro	1680 Michigan Avenue, Ste 817	<b>\</b> Add
		Miami Beach, FL 33139	□Remove
			☐ Change
			□Add
			□Remove
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			Remove
			☐ Change
		<del></del>	□Add
			□Remove
			□ Change

Sote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ocument's effective date on the Department of State's records.  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 d is filed.					-
ffective date, if other than the date of filing:					_
ffective date, if other than the date of filing:	<del></del>				_
ffective date, if other than the date of filing:					
ffective date, if other than the date of filing:					-
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ffective date, if other than the date of filing:		<u></u>			-
ffective date, if other than the date of filing:					-
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Dated	<b>Note:</b> If the date inserted in this blo	ck does not meet the applic	cable statutory filing requ	(optional) n 90 days after filing.) Pursuant to 60. irements, this date will not be list	5.0207 ted as
rated		date, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The 90th day after	er the
	October 25	2020			
Signature of a member or authorized representative of a member					
	:	signature of a member or auth	orized representative of a m	ember	