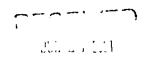
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| (Re | equestor's Name) | _ |
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| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bu | isiness Entity Nar | ne) |
| | | |
| (Do | ocument Number) | |
| | | |
| Certified Copies | _ Certificates | s of Status |
| | | |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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06/22/21--01009--019 **25.00

COVER LETTER

TO:

Registration Section

| Division of Cor | porations | | • |
|-------------------------------|--|---|---|
| | OR USA, LLC | | |
| SUBJECT: | Name of Lim | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | - | | |
| | DAVID EDDY | | |
| | | Name of Person | |
| | D.A. EDDY, PLLC | | |
| | | Firm/Company | |
| | 648 NORTHEAST THIR | D AVENUE | |
| | | Address | |
| | FORT LAUDERDALE, FL | 33304 | |
| | | City/State and Zip Code | |
| | DEDDY@EDDY.LAW | | |
| | E-mail address: (| to be used for future annual report not | ification) |
| For further information c | oncerning this matter, please c | all: | |
| DAVID EDDY | | 954 527-4111 | |
| Name o | f Person | at () Area Code Daytin | ne Telephone Number |
| | 6.11 | | |
| Enclosed is a check for the | - | | |
| ☑ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | |
| Mailing Addres Registration S | | <u>Street Address:</u> Registration Se | ection |
| Division of C | | Division of Co | |
| P.O. Box 632 | | The Centre of | Γallahassee |
| Tallahassee, I | FL 32314 | 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| VAXXINATOR USA, LLC | | |
|---|---|---------------------|
| (Name of the Limited Liability Comp (A Florida Limited | pany as it now appears on our records.) Liability Company) | |
| he Articles of Organization for this Limited Liability Compan | y were filed on OCTOBER 15, 2020 | and assigned |
| ne Address of Organization for this Elithed Claumty Compan | y were med on | and assigned |
| lorida document number L20000326798 | | |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited lia | bility company here: | |
| HE BETTER TOMORROW PROJECT, LLC | | |
| he new name must be distinguishable and contain the words "Limited Liab | oility Company," the designation "LLC" or the abb | previation "L.L.C." |
| Inter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | |
| ····opar opportunities in construction of the | | - |
| | | |
| Inter new mailing address, if applicable: | | |
| • • • | | 127 |
| Mailing address MAY BE A POST OFFICE BOX) | | 177 |
| | | : |
| | | • |
| . If amending the registered agent and/or registered office | address on our records, enter the name | of the new regist |
| gent and/or the new registered office address here: | | - • |
| | | ∾3 |
| Name of New Registered Agent: | | |
| N. D. 1. 1000 | | <u> </u> |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | , Florida | Zip Code |
| | V11.1 | 4449/ WUGG |

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 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 |
|--------------|---------------|--------------------------------|----------------|
| AR | Brian Meadows | 1680 Michigan Avenue, Ste. 817 | ■Add |
| | | Miami Beach, FL 33139 | □Remove |
| | | | □Change |
| | | | □Add |
| | | | Remove |
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| ffective date | , if other than | the date of fi | ling: | | | (option | al) | |
| ote: If the da | te inserted in th | e must be specific his block does no he Department o | ot meet the ap | plicable statute | ling or more than ory filing requi | 90 davs after fil | al) ing.) Pursuant to 6 ate will not be li | 05.0207 sted as |
| record specific | es a delaved eff | factive date, but | not an affactiv | va tima, at 12:1 |) a man the d | arliar af (h) | The 90th day af | |
| is filed. | .s a delayed ell | cerive date, but | not an effectiv | e time, at 12.0 | or a.m. on the c | artici oi. (0) | The 90th day at | ter the |
| | 4 | | 2021 | | | | | |
| JUNE 1 | | — <i>(</i> —h — | · | · | | | | |
| ated | | THE | | | | | | |
| ated | | Signature o | f a member or a | uthorized repre | sentative of a me | mber | | |

Filing Fee: \$25.00