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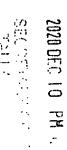
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COVER LETTER

TO:

TO:	Registration Sec Division of Corp					
CUD II	con.	EON BIOTE	EON BIOTECHNOLOGY LLC			
SUBJE	CT:	Name of Limi	ited Liability Company			
The end	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspoi	ndence concerning this matter	to the following:			
		Vac	dim Hiekin			
			Name of Person			
		EO	N BIOTECHNOLOGY LLC			
			Firm/Company			
11			71 Trotting Down Dr			
			Address			
		Odes	ssa, FL 33556			
			City/State and Zip Code			
			kin@gmail.com to be used for future annual report notification)			
For fur	ther information co	oncerning this matter, please ca				
	Vadin	n Hiekin	at () 410-908-9165			
_	Name of	Person	Area Code Daytime Telephone Number			
Enclose	ed is a check for th	e following amount:				
⊠ \$2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Certified Copy (additional copy is enclosed)	f Status & py		
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EON BIOTECHNOLOGY LLC

(Name of the Limited Liability Comp (A Florida Limited	nany as it now appe I Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Compan Florida document numberL20000338802	y were filed on _	October 26, 2020	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company l	<u>qere</u> :	
The new name must be distinguishable and contain the words "Limited Lial	oility Company," the	designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		<i>)</i> ज्यासी	202
(Principal office address MUST BE A STREET ADDRESS)		로바 <u>듯</u> ! 	
			0 ==
		, j	मा ह
Enter new mailing address, if applicable:	-	<u></u>	= = = = = = = = = = = = = = = = = = = =
(Mailing address MAY BE A POST OFFICE BOX)		3	2
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		records, enter the name of	of the new register
	, Florida _		
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and agorovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance o provided for in	f my duties, and I am fan Chapter 605, F.S. Or, if .	niliar with and this document is

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
MGR	Vadim Hickin	11471 Trotting Down Dr Odessa, FL 33556	\alpha Add
			□ Remove
			□ Change
			Remove
			□Change
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Effective date, if other than the fan effective date is listed, the date many source. If the date inserted in this document's effective date on the	ust be specific and ca block does not mee	nnot be prior to c t the applicable	late of filing or mor	(opti e than 90 days after requirements, thi	r filing.) Pursuant to	605.0207 (listed as t
record specifies a delayed effect d is filed.	ve date, but not an	effective time.	, at 12:01 a.m. or	the earlier of: (b) The 90th day a	ifter the
December 7 Pated		2020	,			
	Mi	had Holy) . a			
		· <u> </u>	<i>N</i> 1			
Michael P. Hoban	Signature of a men	nber or authorize	ed representative o	f a member		