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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **K2 MEDICAL RESEARCH LLC**

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T. LEMIEUX Help JUL 1 0 2024

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K2 Medical Research LLC						
(Name of the Limited)	Liability Compa Florida Limited I	ny as it now appears or liability Company)	our records.)		_	
The Articles of Organization for this Limited Liab Florida document number L21000006273	ility Company	were filed on 12/28/	2020	and	d assig	ned
his amendment is submitted to amend the following	ing:					
A. If amending name, enter the new name of th	e limited liabi	ility company here:				
The new name must be distinguishable and contain the word	s "Limited Liabil	ity Company," the desig	nation "LLC" or the	e abbreviatio	n "L.L.	<del>c."</del>
Enter new principal offices address, if applicable	le:	541 South Orlando	Avenue, Suite 10	0		
Principal office address MUST BE A STREET A	ADDRESS)	Maitland, FL 32751	ļ			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>					
B. If amending the registered agent and/or registered affice address hagent and/or the new registered office address hame of New Registered Agent:	<u>nere</u> :	address on our reco	rds, <u>enter the n</u>	ame of the	new 2824 JU	register
	801 US Highwa			<u> </u>		Τ,
New Registered Office Address.	North Palm Bea	Enter Florida		33408-0	7P	
-		City	, Florida	Zip C	ode -	
				-	ST.	

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.

Am Finh-

By: Ariana Turoski, Special Secretary

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
		<del></del>	□Add
			🗆 Remove
			□Change
			🖸 Add
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ffective	date, if other than the date of filing: (optional)
an effect	date, if other than the date of filing:
	the date inserted in this block does not inject the applicable statutory fining requirements; this date with not be inseed at the control of State's records.
	pecifies 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	
	July 10 2024
ated	July 10 2024
	/s/ Lesia Hise
	Signature of a member or authorized representative of a member
	Lesia Hise

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