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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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PRONTO TAX & ACCOUNTING SERVICES, INC

Account Number : 120090000095 Phone : (305)267-1092 ; (305)267-2819 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter; only one email address please.

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HB HUMAN BIOSCIENCE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

11/3U/2021 TUE 14: 23 PAX
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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

(Name of the Limited Liability Compa (A Florida Limited	Liebility Company)
The Articles of Organization for this Limited Liability Company Florids document number L21000090514	were filed on 02/23/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
the new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
	lity Company," the designation "LLC" or the abbreviation "L.L.C."  8140 NW 74 AVE
Enter new principal offices address, if applicable:	
Enter new principal offices address, if applicable:	8140 NW 74 AVE
Enter new principal offices address, if applicable: (Principal office address MUST RE A STREET ADDRESS)	8140 NW 74 AVE BAY # 16
The new name must be distinguishable and contain the words "Limited Liabi"  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing uddress MAY BE A POST OFFICE BOX)	8140 NW 74 AVE  BAY # 16  MEDLEY, FL 33166

## New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

**EMILY A. LONGA CARRILLO** 

City

8140 NW 74 AVE BAY # 16

MEDLEY

If Chunging Regulated Agent, Signature of New Registered Agent

Enler Florida street address

Florida 33166
Zip Code

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CSI Escolatada dan CamScanner

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

Title	Name	Address	Type of Action
AMBR	EMILY A, LONGA CARRILLO	8140 NW 74 AVE BAY # 16	■ Add
		MEDLEY, FL 33166	□Remove
			☐ Change
MGRM	JAVIER R. COLMENARES	3625 NW 82 AVE SUITE 100 K	
	·	DORAL, FL 33166	■ Remove
			□ Change
			□Add
			□Remove
			□Add
			☐ Remove
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		effective date, bu	t not an effective	ime, at 12:01 a.m.	on the earlier of: (b)	The 90th day ofter the
record sp I is filed.						
l is filed.	VEMBER 23	·	2021	············		
l is filed. NO		Signature	1	corizod representative	of a member	

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