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1.		HALO THERAPEUTICS (CORPORATE NAME AND DOCUME	
2.		(CORPORATE NAME AND DOCUME	ENT#)
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COVER LETTER

- TO: Registration Section
Division of Corporations

Tallahassee, FL 32314

HALO TH	ERAPEUTICS (USA) LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Anthony Holmes		
		Name of Person	
	Registered Agent Solution	s, Inc.	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	5301 Southwest Pkwy., St	nite 400	
		Address	
	Austin, TX 78735		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	orders@rasi.com		
		to be used for luture annual repor	a notification)
For further information of	oncerning this matter, please c	all:	
Anthony Holmes		888 705-72 at ()	
Name o	f Person	Area Code D	aytime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$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 radditional copy is enclosed)
Mailing Addres		Street Addre	
Registration : Division of C		Registration Division of	n Section Corporations
P.O. Box 632			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HALO THERAPEUTICS (USA) LLC

2023 APR 10 PH 4: 0ט

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{08/24/2021}{}$ and assigned Florida document number 1.21000378952 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HUMANKIND USA LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida __

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
			□Add
		□Remove	
		□Add	
		□Remove	
			□Change
			□Add
			_ □Remove
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			Remove
			□Change

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reffect te: If	ve date, if other than the date of filing:	rsuant to 605.02 I not be listed a
cord s s filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90 ed.	Oth day after th
ed	4/10/2023	
	Signature of a member or authorized representative of a member	
	Signature of a member of authorized tenresentative of a member	

Filing Fee: \$25.00