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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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05/23/22--01014--017 \*\*25.00

2022 MAY 23 PH 2: 44

~ 7/25/2022

#### **COVER LETTER**

|                  |        | stration Sect<br>sion of Corpo |  |   |                     |  |
|------------------|--------|--------------------------------|--|---|---------------------|--|
| SHD IF C         |        |                                | OFARMACEUTICAL LLC                           |   |                     |  |
| SUBJEC           | 1;     |                                | Name of Limi                                 | ted Liability Company   |                     |  |
| The enclo        | sed    | Articles of Ar                 | nendment and fee(s) are subt                 | mitted for filing.  |                     |  |
| Please ret       | urn :  | all correspond                 | dence concerning this matter t               | to the following:   |                     |  |
|                  |        |                                | OMAR A GUZMAN VEL                            | ASCO  |                     |  |
|                  |        |                                |  | Name of Person  |                     |  |
|                  |        |                                | CAELUM BIOFARMACE                            | EUTICAL LLC   |                     |  |
|                  |        |                                |  | Firm/Company  |                     | ···  |
|                  |        |                                | 8350 NW 52ND TER STE                         | 301   |                     |  |
|                  |        |                                |  | Address   |                     | <del></del>  |
|                  |        |                                | DORAL, FL 33166                              |   |                     |  |
|                  |        |                                |  | City/State and Zip Code   |                     | <del></del>  |
|                  |        |                                | USTUEMPRESA@GMAIL                            |   |                     |  |
|                  |        |                                | E-mail address: (t                           | o be used for future annual re                                  | eport notification) |  |
| For furthe       | r inf  | formation con                  | cerning this matter, please ca               | all:  |                     |  |
| OMAR A           | GU     | ZMAN VEL                       | ASCO   |   | 0372                |  |
|                  |        | Name of P                      | erson  | Area Code   | Daytime Telepho     | ne Number  |
| Enclosed i       | is a c | check for the                  | following amount:                            |   |                     |  |
| <b>≡</b> \$25.00 | 0 Fi   | ling Fee                       | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo |                     | \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |

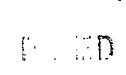
Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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



CAELUM BIOFARMACEUTICAL LLC

2022 MAY 23 PH: 2: 44

| (Name of the Limited Lia<br>(A Fle   | i <mark>bility Compar</mark><br>orida Limited L    | iy as it now appears on our r<br>lability Company) | ecords.)        | THE STATE             |
|--|--|--|-----------------|-----------------------|
| The Articles of Organization for this Limited Liabilit Florida document number 1.21000408980             |  | were filed on 09/15/2021                           |                 | and assigned          |
| This amendment is submitted to amend the following   | <u>r</u> :   |  |                 | l                     |
| A. If amending name, enter the new name of the   | limited liabi                                      | lity company here:                                 |                 |                       |
| NA   |  |  |                 |                       |
| The new name must be distinguishable and contain the words "   | Limited Liabili                                    | ty Company," the designation                       | "LLC" or the ab | breviation "L.L.C."   |
| Enter new principal offices address, if applicable:  |  | 19370 COLLINS AVE, A                               | PT 1014         |                       |
| (Principal office address MUST BE A STREET AD  | ODRESS)  | SUNNY ISLES BEACH.                                 | FL 33160        |                       |
| Enter new mailing address, if applicable:  |  | 19370 COLLINS AVE, A                               | IT 1014         |                       |
| (Mailing address MAY BE A POST OFFICE BOX)   | <u>)</u>   | SUNNY ISLES BEACH,                                 | FL 33160        | <del></del>           |
| B. If amending the registered agent and/or registered agent and/or the new registered office address her |  | ddress on our records, <u>e</u>                    | nter the nam    | e of the new register |
| Name of New Registered Agent: Al   | SERRANO DOMPABLO                                   |  |                 |                       |
| New Registered Office Address: 19.   | istered Office Address: 19370 COLLINS AVE APT 1014 |  |                 |                       |
|  |  | Enter Florida street a                             | ddress          | ı                     |
| su   | INNY ISLES   | ВЕАСН  | Florida <u></u> | 60                    |
|  |  | City   |                 | Zip Code              |

#### 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.

Alejandra Serrano
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>                  | <u>Address</u>              | Type of Action  |
|--------------|------------------------------|-----------------------------|-----------------|
| MGR          | ALEJANDRA C SERRANO DOMPABLO | 19370 COLLINS AVE, APT 1014 | <b>≘</b> Add    |
|              |                              | SUNNY ISLES BEACH, FL 33160 | □Remove         |
|              |                              |                             | □Change         |
| MGR          | OMAR A GUZMAN VELASCO        | 8350 NW 52ND TER STE 301    | bbA⊡            |
|              |                              | DORAL, FL 33166             | . Remove        |
|              |                              |                             | □Change         |
| AMBR         | MARIA J RAMIREZ FERNANDEZ    | 8350 NW 52ND TER STE 301    | □Add            |
|              |                              | DORAL, FL 33166             | <b>≡</b> Remove |
|              |                              |                             | ·<br>□Change    |
| NA           | NA                           | NA                          | □Add            |
|              |                              | <del></del>                 | □Remove         |
|              |                              |                             | □Change         |
| NA<br>       | NA                           | NA                          | □Add            |
|              |                              |                             | Remove          |
|              |                              |                             | □Change         |
| NA<br>———    | NA                           | NA                          | □ Add           |
|              |                              |                             | □Remove         |
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## Page 2 of 3

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| MAY 19TH 2022  Omar Gusman  Signature of a member of authorized representative of a member  | Omar Guzman Signature of a member of authorized representative of a member  OMAR A GUZMAN VELASCO  |  |  | the earlier o                        |
| Signature of a member of aumstrized representative of a member  | Omar Juzman Signature of a member of authorized representative of a member OMAR A GUZMAN VELASCO   | •  |  |                                      |
| Signature of a member of aumbrized representative of a member   | Omar Juzman Signature of a member or aumorized representative of a member OMAR A GUZMAN VELASCO  | MAY 19TH   | 2022   |                                      |
|   | OMAR A GUZMAN VELASCO  |  | <del></del> '  |                                      |
|   | OMAR A GUZMAN VELASCO  |  | Omar Guzman  |                                      |
| OMAR A GUZMAN VELASCO   |  |  | Signature of a member of authorized representative of a member   | <del></del> -                        |
|   |  | OMAD A CUZACAN VE  | BIASCO   |                                      |

Page 3 of 3

... E 655.00