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To:

■ Page: 1 of 4

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MARCELL FELIPE, P.A.

Account Number : I20110000064 : (305)381-8500 : (305)381-6225 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:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AYKOS HOLDING LLC

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

1 Page: 2 of 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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AYKOS HOLDING LLC					
(Some of the Limite	d Liability Company A Horida Limited Lie	ing it nun unneurs on our records.)			
The Articles of Organization for this Limited Lie Florida document number 1.21000518460	ability Company w	vere filed on 12/16/2021	and a	ssigned	
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabili	ty company here:			
The new name must be distinguishable and contain the wa	ords *1.imited Liability	y Company," the designation "L3,C" or t	he abbreviation "	IIC."	
Enter new principal offices address, if applica	ible:			2	
(Principal office address MUST BE A STREE	TADDRESS)		<u> </u>	22	
			[**•	A	
				2	
Enter new mailing address, if applicable:			· . -	ယ	后去
(Mailing address MAY BE A POST OFFICE I	ROY3		**	=	- 55
	<u> </u>		`	Ģ	
				8	
B. If amending the registered agent and/or reagent and/or the new registered office address	s here:		name of the n	ew reg	istered
Name of New Registered Agent:	Marcell Felipe, P		·		
New Registered Office Address:	1200 Ponce de Le	con Blvd. Stc. 703			
		Emer Florida street address			
	Coral Gables	, Florida	33134 Zip Code		
		City	Zip Codi	•	
New Registered Agent's Signature, if changing B	Registered Agent:				
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this company has been notified in writing af this content.	er and complete p stered agent as pr registered office a change.	verformance of my duties, and I vovided for In Chapter 603, F.S.	am familiar w Or, if this doc e limited liab	ith and sument Tity	I

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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			H22000182768 3		
Title	Name	Address	Type of Action		
			□Remove		
			□Change		
			□Add		
			□Remove		
			Change		
			DbA⊡		
			□Remove		
			Change		
			□Add		
			□Remove		
			☐ Change		
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			□Remove		
			☐ Change		
			CAdd		
			□Remove		
			Change		

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. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
 *_	
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Note: If the	late, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (2 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
If the record spe record is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	May 23
	Silhuo (énas A)
•	Signature of a member or authorized representative of a member
	Guillermo Arenas Typed or printed name of signee

Filing Fee: \$25.00

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