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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242

: (215)563-8113

Fax Number : (215)977-9386

* Geter the email address for this business entity to be used for future	ure
바흐르 annual report mailings. Enter only one email address please.**	
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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HEPURE TECHNOLOGIES, LLC

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## ARTICLES OF AMENDMENT - TO ARTICLES OF ORGANIZATION OF

HEPURE TECHNOLOGIES, LLC					
(Name of the Limit	ed Liability Company a (A Florida Limited Liab:	s It now appears on our re lity Company)	cords.)	<del></del>	
The Articles of Organization for this Limited Li		e filed on December 10,	2021	and assigned	j
Florida document number 1.21000522611	·				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liability	company here:			
The new name must be distinguishable and contain the w	ords "Limited Liability C	ompany," the designation "	LLC" or the abbrev	iation "L.L.C."	
Enter new principal offices address, if applications	able:		· · · · · · · · · · · · · · · · · · ·		
(Principal office address MUST BE A STREE	T ADDRESS)				<del>-</del>
				<u> </u>	
Enter new mailing address, if applicable:	<del></del>	******	•		
(Mailing address MAY BE A POST OFFICE .	<u>BOX)</u> _		<u> </u>	\$822	
B. If amending the registered agent and/or r	 egistered office adda	ess on our records, en	iter the name of	,? 1	istere
agent and/or the new registered office addres	s here:			ωs.	-
Name of New Registered Agent:	Stephanie Liskowitz	:		<u> </u>	· · ·
New Registered Office Address:	106 Pe	Ciwinkle Enter Florida su eet aa	DCFV.e.		
	Hypoh	LLO City	, Florida <u>33</u>	54 62 Sip Code	
N P 1					

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

#### (((H23000309686 3)))

#### 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	<u>Name</u>	Address	Type of Action
MBR	John Liskowitz	106 Periwinkle Drive	□Add
		Hypoluxo, FL 33462	≅Remove
MBR Stephanie Liskowitz	Stephanie Liskowitz	126 Morris Avenue	
		Manasquan, NJ 08736	□Remove
			□Change
		□Add	
	•		□Remove
		□ Change	
			□Add
		Remove	
			□Change
		□Remove	
		DChange	
	-		□Add
			□Remove
			Change

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Ta:

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
<del></del>	
fan ellecii <u>Note:</u> If i	date, if other than the date of filing:
record s d is filed	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
N-1-3	9-5-23 / 2023
Dated	9-5-23 1. 2023 11 Shill
	Signature of a member or authorized representative of a member
	Stephanie Liskowitz, Authorized Member
	Typed or printed name of signee

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