

To:

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2024-02-20 05:13:06 UTC+14

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From: ZenBusiness User

2/19/24, 10:11 AM

Division of Corporations

H24000066864 3

L 22000026657

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

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Account Number : I20230000190
Phone : (844)449-3624
Fax Number : (844)449-3624

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MMB THERAPEUTICS LLC**

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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MMB THERAPEUTICS LLC

(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 01/12/2022 and assigned
Florida document number L22000026657.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

5345 Ortega Blvd.

Suite 8

Jacksonville, FL 32210

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5345 Ortega Blvd.

Suite 8

Jacksonville, FL 32210

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

City

Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Type of Action</u>
MGR	Sylvester Terry JR	5345 Omega Blvd.	☒ Add
		Suite 8	☐ Remove
		Jacksonville , FL 32210	☐ Change
AMBR	Sylvester Terry JR	5345 Omega Blvd.	☒ Add
		Suite 8	☐ Remove
		Jacksonville , FL 32210	☐ Change
AMBR	Sylvester Lee Terry JR	514 Charlie Point Blvd	☐ Add
		Suite 11	☒ Remove
		Jacksonville, FL 32221	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

[illegible]

F. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated February 19th 2024

As Sylvester Terry JR

Signature of a member or authorized representative of a member

Sylvester Terry JR

Typed or printed name of signer