L22000043312

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TO: Registration S Division of Co			
Akili Holo	lings, LLC		
JOBSECT.	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Jennifer Yevoli, Esq.		
		Name of Person	
	c/o PBYA Law		
		Firm/Company	
	200 S. Andrews Avenue	, Suite 600	
		Address	
	Fort Lauderdale, FL 333	01	
	jyevoli@elixiacrc.com	City/State and Zip Code	
	**	to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	ali:	
Jennifer Yevoli, Esq.		954 873-9588 at ()	
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Akili Holdings, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on January 24, 2022	and assigned
Florida document number L22000043312		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Elixia TBD, ŁLC		
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	<u>s)</u>	
		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		7028
		- 도유
B. If amending the registered agent and/or registered off		25 Z
B. If amending the registered agent and/or registered off	fice address on our records, enter the n	ame of the fiew registered
agent and/or the new registered office address here:	· 	, , ,
		FEE BOOK
Name of New Registered Agent:		S 5
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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.

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If amending Authorized rerson(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
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			□Change

		<u>.</u>		
				
				
				
	<u>.</u>			
Effective date, if other than the date (If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Deport	e specific and cannot be prio k does not meet the appli	cable statutory filing req		
ne record specifies a delayed effective ord is filed.	date, but not an effective t	time, at 12:01 a.m. on the	e earlier of: (b) The 90t	h day after the
	2023	,		
Dated	,			
Neal Patel, Ple.D				
Mal Patel, Ph.D	gnature of a member or auth	norized representative of a r	nember	

Filing Fee: \$25.00