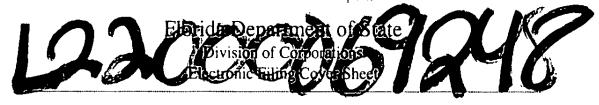
Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EAZ COMMERCE, LLC

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Corporate Filing Menu

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→ 18506176383

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EAZ COMMERCE, LLC		
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) lity Company)	
The Articles of Organization for this Limited Liability Company wer	re filed on 02/18/2022	and assigned
Florida document number L22000069248		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
EAZ Therapeutics, LLC		
The new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
_		
		202
B. If amending the registered agent and/or registered office add	ress on our records, <u>enter the name</u>	of the new register
agent and/or the new registered office address here:		
		r\cap{\sigma}
Name of New Registered Agent:		رب س
Charles of their exellection (spen).		
New Registered Office Address:		
	Enter Florida street address	.E.2
	, Florida	<u> </u>
	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.

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>	Address	Type of Action
			DAdd
			□Remove
		□Add	
			□Remove
			Change
			□Add
			□Remove
			Change
			DAdd
		Remove	
			□Change
			□Add
		 	□Remove
		····	□Change
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			Remove
			□ Change

If amending any other informati			. ,
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior to dat ick does not meet the applicable s	(opti- e of filing or more than 90 days after statutory filing requirements, this	filing.) Pursuant to 605.0207
record specifies a delayed effective d is filed.	date, but not an effective time, a	t 12:01 a.m. on the earlier of: (b) The 90th day after the
April, 23rd	2024		
	4.715		
	Signature of a member or authorized	representative of a member	
	a		
M = -1 = C =	n-fact on Behalf of Alex Dinu		

Filing Fee: \$25.00