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A. RAMSEY MAY 17 2022

4	•	236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666.or (800) 969-1666. Fax (850) 222-1666				
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COVER LETTER

ТО: 、	Registration Section
	Division of Corporations

JM Bio Investments, LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul Silverberg

Name of Person

Silver Lining X. LLC

Firm/Company

1290 Weston Road, St 218B

Address

Weston, FL 33326

City/State and Zip Code

paul@silverliningx.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

S30.00 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	01	2022 MAY 16 - AM 11: 11
JM Bio Investments, LLC		
(<u>Name of the Limited Liability Co</u> o (A Florida Limit	mpany as it now appears on our recon ted Liability Company)	<u>'ds!</u>)
The Articles of Organization for this Limited Liability Compa Florida document number 1.22000175735	any were filed on <u>4/27/22</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LL	.C" or the abbreviation "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)		
B. If amending the registered agent and/or registered offi	ce address on our records, <u>ente</u>	r the name of the new registe
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida

Zip Code

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>	Name	Address	Type of Action
MGR	Pequeno, Michael	13401 SW 30th Court	🖬 Add
		Davie, FL 33330	iRemove
=			🗆 Add
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			Change
			☐ Add
			⊡Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets. if necessary.)

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record is filed.

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	te le libitedi ille dati	1 the date of filities e must be specific at this block does not	and outsiter be p		iling or more th	an 90 days after	r filing.) Pursuant	to 605.020 be listed a

Dated	
-Æ	Signature of a member or authorized representative of a member
	Avbur
	Typed or printed name of signee

Filing Fee: \$25.00