Laa000175735

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
2. 3	102 ME 27 202	





000390556370

07/26/22--01005--013 **25.00

2022 JUL 26 AM II: 53

RECFIVED



CORPORATE

When you need ACCESS to the world

ACCESS, ____

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PIC	K UP:	7/26 DANNY	<u> </u>	
	CERTIFIED COPY				
X	РНОТОСОРУ				
	CUS				
X	FILING	LL(C AMEND		
<u> </u>	JM BIO INVESTMENT CORPORATE NAME AND DOCU	TS, LLC MENT #)			
((CORPORATE NAME AND DOCU	MENT #)			
(1	CORPORATE NAME AND DOCU	MENT #)			-
((CORPORATE NAME AND DOCU	MENT #)			
((CORPORATE NAME AND DOCU	MENT #)			

COVER LETTER

. .

SUBJECT		VESTMENTS, LLC		
SOBJECT	•	Name of Lin	nited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retui	n all correspo	ondence concerning this matter	to the following:	
	Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filing. at all correspondence concerning this matter to the following: Jeff Muchnick			
			are submitted for filing. Is matter to the following: Name of Person Firm/Company E PARK DRIVE, ST 101 Address 31 City/State and Zip Code ddress: (to be used for future annual report notification) please call: 4 (4 385-6363 4 (4 Area Code Daytime Telephone Number E & Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
			Firm/Company	
		2883 EXECUTIVE PARK	DRIVE, ST 101	
			Address	
		WESTON, FL 33331		
			City/State and Zip Code	
r. e. a			·	ification)
		oncerning this matter, please c		
Jeff Muchn			at ()	
	Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
				ction
Di	vision of C	orporations	-	
	O. Box 632 Illahassee, F			
I a	manassee, I	L 34317	2413 N. MONTO	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



JM BIO INVESTMENTS, 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 Compan	y were filed on 04/27/2022	and assigned
Florida document number L22000175735	 •		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
<i>#</i>			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	<u>//</u>	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		<i>//</i>	
(Mailing address MAY BE A POST OFFICE	E <i>BOX)</i>		
B. If amending the registered agent and/or	registered office	address on an arrange and a second	5.1
agent and/or the new registered office addr	ess here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	//		·
		Enter Florida street address	
	//	Florid	a
		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 Changing Registered Agent, Signature of New Registered Agent

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	<u>Address</u>	Type of Action
MGR	MUCHNICK, JEFFREY	1001 Pine Branch Drive	□Add
		Weston, FL 33326	
			■ Change
MGR	PEQUENO, MICHAEL	13401 SW 30TH COURT	
		DAVIE, FL 33330	□ Remove
			□Add
			□ Remove
			□ Change
			C) Add
			□Remove
			□ Change
·			□ Add
			□Remove
			□ Change
			□Add
			CRemove
			□Change

//							
		<u> </u>					
	- 1.6				·		
						···	
_				· · · · · · · · · · · · · · · · · · ·			
							<u></u>
	-						
	<u></u>						
	·						
						<u> </u>	
	 .	- .					 -
							_
					<u>,</u>	-	
						<u> </u>	 _
				·			
			·		· · · · · · · · · · · · · · · · · · ·		
	-						
				···	<u> </u>		
Effective	date, if other t	han the date of f	iling:		(0)	ptional)	
TOLE. II I	me date miseried	m mis block does t	not meet the appl	icable statutory tili	more than 90 days a ng requirements.	fter filing.) Pursuar this date will not	it to 605.0207 : he listed as t
document	's effective date	on the Department	of State's record	ls.	B		De mated us
record sp	pecifies a delayed	l effective date, but	not an effective	time, at 12:01 a.m	on the earlier of	(b) The 90th d	ay after the
d is filed.							
Dated	-//		_,	•			
		1					
	$\sim c$	Signature (of a member or aut	horized representativ	e of a member		
	_	=		,			
\sim		11 -	dia.	ited name of signee			