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Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NBI FINANCIAL ACCOUNTING & TAX

177 M (ATT TO ATT TO AT

Account Number : I20180000059 Phone : (786)253-1890

Fax Number : (305)397-1861

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an	nual	report	: mailin	gs.	Enter	only o	ne	email	add	ress	ple	ase.	**

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARUM BENES LAB LIMITED LIABILITY COMPANY

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company has been notified in writing of this change.

To: •

ARUM BENES LAB LIMITED LIABILITY COMPANY

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Compuny)	
The Articles of Organization for this Limited Liability Company Florida document number 1.22000238948	were filed on 05/21/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new register
Name of New Registered Agent:		2023
New Registered Office Address:		
1.31.1.1.2	Enter Florida street address	6
	, Florid	a
New Registered Agent's Signature, if changing Registered Agent:	Cny	2m Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I rovided for in Chapter 605, F.S.	am familiar with and Or, if this document is

Page: 4 of 5

2023-12-05 22:06:22 GMT

13053971861

From: Natalia Izquierdo

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
VP	Sinai David Granada Garcia	2645 SW 37 Ave	≅Add
		Suite 702	
		Miami. FL 33133	
			□Add
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			□Change
			□Add
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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	the specific and cannot be prior to date oneck does not meet the applicable sta	of filing or more than 90 days after filic	ng) Pursuant to 605,0207 (3)(1
the record specifies a delayed effective cord is filed.	edate, but not an effective time, at	12:01 a.m. on the earlier of: (h)	The 90th day after the
Dated	2023		
Jua	n P Granada Signatur of a member or authorized re	presentative of a member	
Juan Pablo Granada	·		
	Typed or printed name	ofsignee	