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COVER LETTER

Division of Cor	porations				
Mantena Ai SUBJECT:					
SUBJECT:		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Matthew Baumgartner				
		Name of Person			
	Ingenus Pharmaceuticals L	LC			
		Firm/Company			
	4901 Vineland Rd, suite 26				
		Address			
	Orlando, FL 32811				
		City/State and Zip Code			
	mjbaumlaw@hotmail.com E-mail address: (to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please co				
Matthew bAUMGARTN	!ER	216 407-4756			
Name o	f Person	at () Area Code Daytim	e Telephone Number		
Enclosed is a check for the	ne 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 enclo		
Mailing Addres	: <u>s:</u>	Street Address:			
Registration S	Section	Registration Se	Registration Section		
Division of C P.O. Box 632	•		Division of Corporations The Centre of Tallahassee		
Tallahassae FI 32314 2415 N. Manroe Street Suite 81					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

Mantena Air, LLC (Name of the Limited Liability Company as it now appears on our records;) 10 411 7: 46

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05/25/2022 SECRET. / OF STATE TALLARY SEEIndfassigned Florida document number _____L22000243575 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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
MGR	Matthew Baumgartner	4901 VIneland Rd. Suite 260, Orlando FL 32811	= Add
			□Remove
			□Change
AMBR	Matthew Baumgartner	9125 Lake Coventry Ct., Gotha, FL 34734	🗆 Addį
			■Remove
			□Change
AMBR	Raju Mantena	12326 Park Ave., Windermere, FL 34786	= Add
			□Remove
		<u> </u>	□Change
			□Add
			□Remove
			□Change
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n effective date is listed, the date m te: If the date inserted in this	ust be specific and cannot be r	orior to date of filing or m	ore than 90 days after fil	ing.) Pursuant to 605.020
cument's effective date on the	Department of State's reco	rds.	g requirements and a	
ecord specifies a delayed effect is filed.	ive date, but not an effective	ze time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
is med.				
ted	2022			
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	Signature of a member or a	nuthorized representative	e of a member	