

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L22000360268

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Fax Number : (850) 617-6363

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MINERAL CITY BIOTECHNOLOGIES, LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mineral City Biotechnologies, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lauren Weisman, Esq.

Name of Person

Re3Legal

Firm/Company

816 A1A North, Suite 204

Address

Ponte Vedra Beach, Florida 32082

City/State and Zip Code

STATREP@COGENCYGLOBAL.COM

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

For further information concerning this matter, please call:

Lauren Weisman, Esq.

904 406-8086
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mineral City Biotechnologies, 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 Company were filed on August 17, 2022 and assigned Florida document number 1.22000360268.

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:

Cogeneity Global Inc.

New Registered Office Address:

115 North Calhoun Street, Suite 4

Enter Florida street address

Tallahassee

City

Florida 32301

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.

/s/ Ken Howell, Asst. Secretary

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated December 14, 2022

DocuSigned By
Chandana Kumar, M.D.
APR 25 2020 10:41

Chandana Kurra, M.D.

Filing Fee: \$25.00