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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN K2 MEDICAL RESEARCH WINTER GARDEN LLC

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T. LEMIEUX

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	15612148442		pg 2 of 4
	ARTICLES O	F AMENDMENT	
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	ARTICLES OF	ORGANIZATION	<i>;</i>
		OF	
K2 Med	ical Research Winter Garden LLC	* *	, ,
		pany as it now appears on our records.) d Liability Company)	·
	ization for this Limited Liability Compar	ny were filed on $\frac{01/19/2023}{2}$	and assigned
Florida document nur	iber <u>1.23000022413</u>		
	bmitted to amend the following:		
	e, <u>enter the new name of the limited lis</u> stinguishable and contain the words "Limited Lia	ability company here: ability Company." the designation "LLC" or the ab	breviation "L.L.C."
The new name must be dis			breviation "L.L.C."
The new name must be dis Enter new principal (	stinguishable and contain the words "Limited Lia offices address, if applicable:	bility Company." the designation "LLC" or the ab	breviation "L.L.C."
The new name must be dis Enter new principal (	stinguishable and contain the words "Limited Lia	ability Company." the designation "LLC" or the ab 541 South Orlando Avenue, Suite 100	breviation "L.L.C."
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The new name must be dis Enter new principal of (Principal office addr.) Enter new mailing addr.)	stinguishable and contain the words "Limited Lia offices address, if applicable: sess MUST BE A STREET ADDRESS) ddress, if applicable:	ability Company." the designation "LLC" or the ab 541 South Orlando Avenue, Suite 100	
The new name must be dis Enter new principal of (Principal office addr.) Enter new mailing addr.)	stinguishable and contain the words "Limited Lia offices address, if applicable: Sess MUST BE A STREET ADDRESS)	ability Company." the designation "LLC" or the ab 541 South Orlando Avenue, Suite 100	

Name of New Registered Agent:	Corporate Creations Network Inc	2.
New Registered Office Address:	801 US Highway I	
	Enter Fle	wida street address
	North Palm Beach	, Florida <sup>33408</sup>
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Θ

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.

Am Finh-

By: Ariana Turoski, Special Secretary

If Changing Registered Agent, Signature of New Registered Agent

orremoted	from our records:		
MGR = N AMBR = A	lanager Authorized Member		
Title	Name	Address	Type of Actio
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## D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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(If an effective date is F	other than the date of filit isted, the date must be specific an iserted in this block does not	meet the applicable s	of filing or more than 90 tatutory filing requires	(optional) ) days after filing.) Pursuant to 6 ments, this date will not be 1	505.0207 (3 isted as th
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