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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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Office Use Only

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EYTY X IA L	LC	n our recor <u>ds.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L2300067866}$	Liability Company)		2023 and assigned
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liab</u>	ility company here	::	
\mathcal{N} The new name must be distinguishable and contain the words "Limited Liabil	ity Company." the desi	enation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (<i>Principal office address <u>MUST BE A STREET ADDRESS</u>)</i>	N A		
Enter new mailing address, if applicable:	NA		
(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:	address on our rece	ords, <u>enter the</u>	name of the new-registered
Name of New Registered Agent: MIN	AS HA	LLIAS	

Name of New Registered Agent:	MINAS HALLIAS	<u></u>
New Registered Office Address:	26 Columbia Ct Enter Florida street address	
	Deerfield Brach	ida <u>33442</u> 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.

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If Changing Registered Agent, Signature of New Registered Agent

TO: Registration Section Division of Corporations

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SUBJECT:	EYTYXIA LLC
	Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MINAS HALKIAS Name of Person
EYTYXIA LLC Firm/Company
26 Columbia Ct Deerfield Reach Florida
26 Columbia Ct Deerfield Reach Floorida Address Deerfield Beach F1 334422 City/State and Zip Code
City/State and Zip Code <u>SISSani/au@amail.com</u> E-mail address: (to be used for future annual upport notification)
For further information concerning this matter, please call:
Kate Halkias at (415) <u>6915902</u> Name of Person 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) <u>Mailing Address:</u> 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 If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AR_	Registered Agent.	Minas Halkias Avaleriui Sissani	🗹 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	04/10/ 2023
	-tt-
	Signature of a member or authorized representative of a member
	MINAS HALEIAS.
	Typed or printed name of signce