L2300007531

——————————————————
(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP      ☐ WAIT      ☐ MAIL

——————————————————
(Business Entity Name)

——————————————————
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

R. HUNT
04/04/23

# COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _Molecular Neuroscience 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:

Bradley Whitman
Name of Person

_____
Firm/Company

1200 N. Federal Hwy # 200
Address

Boca Raton FL 33432
City/State and Zip Code

raredisorders@protonmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bradley Whitman at ( 305 ) 834 1719
Name of Person          Area Code    Daytime Telephone Number

Enclosed is a check for the following amount:

☒ $25.00 Filing Fee  ☐ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                         Certificate of Status      Certified Copy          Certificate of Status &
                                                    (additional copy is enclosed)   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

## Molecular Neuroscience 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 ___2/22/2023___ and assigned
Florida document number ___L23 000095342___.

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*

_____, **Florida** _____
                    *City*                                              *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.*

_____
**If Changing Registered Agent, Signature of New Registered Agent**

**If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person  being added</u> <u>or removed from our records</u>:**

**MGR = Manager**
**AMBR = Authorized Member**

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|---|---|---|---|
| MGR | Bradley Whitman | 1200 N. Federal Hwy #200 | ☑ Add |
| | | Boca Raton FL 33432 | ☐ Remove |
| | | | ☐ Change |
| ___ | ___ | ___ | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| ___ | ___ | ___ | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| ___ | ___ | ___ | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| ___ | ___ | ___ | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

_____

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**E. Effective date, if other than the date of filing:** _____ **(optional)**

(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) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 _____ March 31 _____, _____ 2023 _____.

_____
Signature of a member or authorized representative of a member

Bradley Whitman

_____
Typed or printed name of signee