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TO:		ration Secti on of Corpo		·	<i>,</i> •	•
SUBJE	CT.	VER.	AX VENTURES, LLC			
OUDIE	.ci: _		Name of Limit	d Liability Company		
The end	closed A	πίcles of Ar	nendment and fee(s) are subm	itted for filing.		
Please i	return al)	l correspond	ence concerning this matter to	the following:		
			Steven Buffone			
				Name of Person		
			VERAX VENTURES,	LLC		
				Firm/Company	· · · · · · · · · · · · · · · · · · ·	
			433 PLAZA REAL, SU	JITE 275		
				Address		
			BOCA RATON, FL 33	432		
				City/State and Zip Code		-
			steve@stevebuffone.co: E-mail address: (to	m be used for future annual re	port notification)	
For furt	ther info	rmation con	cerning this matter, please cal	! :		
Court	ney L.	Scanlon - 1	c/o Hodgson Russ LLP	at (716) _ 84	18-1538 Daytime Telepho	one Number
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••••		e e e e e e e e e e e e e e e e e e e	
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Tallahassee, FL 32314

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

DocuSign Envelope ID: F85D2889-842D-4778-A80E-59C0A2BD2816 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

VERAX VENTURES LLC

VERAX VER	TOKES, LLC	•	
(Name of the Limited Liability Comps (A Florida Limited	iny as it now appe Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on _	03/24/2023	and assigned
Florida document number <u>L23000137582</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the	e designation "LLC" or the st	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
• • • •			A
Mailing address MAY BE <u>A POST OFFICE BOX)</u>			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our	records, enter the nam	023
			. APR
Name of New Registered Agent:			
New Registered Office Address:			0
	Enter F	lorida street address	불
		, Florida	5:
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent and agr			

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

Downsign Envelope ID: F85D2889-B42D-477B-A8DE-58C0A2BD2816
II amending Authorized rerson(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>	Name	Address	Type of Action
<u>MGR</u>	JON COREY	433 PLAZA REAL, SUITE 275	🗆 Add
		BOCA RATON, FL 33432	
			□ Change
			□Remove
			Change
			🗆 Remove
			□Change
			□Remove
			Cl Change
			🗆 Add
			□Remove
			Change
			Петюче
			Change

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	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 1	the date, if other than the date of filing:
he record ord is file	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 d.
Dated_	April 19th , 2023
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Steven Buffone, Manager
	Typed or printed name of signee

Filing Fee: \$25.00