L23000174111

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TO:	Registration Se Division of Cor					
SUBJEC	Symbiose L	J.C				
SUBJE	C1	Name of Limit	ed Liability Company			
		Amendment and fee(s) are subn	-			
Please re	eturn all correspo	ndence concerning this matter to	o the following:			
		Cory Celestino				
			Name of Person			
		Symbiose LLC				
Firm ¹ Company						
1800 Pembrook Drive, Suite 300						
		Address				
		Orlando, F1, 32810				
	il-mail address: (to be used for future annual report notification)					
For furth	ner information co	oncerning this matter, please cal	И:			
Cory Ce	elestino		321 977-4911 at ()			
	Name o	f Person	Area Code Daytii	me Telephone Number		
Enclosed	d is a check for th	ne 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 Addres	s:	Street Address:			

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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

FILED

Symbiose LLC	•		0001	
(Name of the Limit	ed Liability Con (A Florida Limit	npany as it now appears ed Liability Company)	on 60r. records.] [) AM 9: 08
The Articles of Organization for this Limited Li Florida document number L23000174111	ability Compa			•
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited li	iability company her	<u>e</u> :	
NA				
The new name must be distinguishable and contain the w	ords "Limited Li	ability Company." the des	ignation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	<u>NA</u>		<u></u>
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:	NA 			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or r agent and/or the new registered office addres		ce address on our rec	cords, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	NA	<u>.</u>		
New Registered Office Address:				<u>-</u>
		Enter Florida street address		
			, Floric	la
		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 amending Authorized Person(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>	<u>Name</u>	Address	Type of Action
AMBR	Cory Celestino	1800 Pembrook Drive, Suite 300	= Add
		Orlando, FL 32810	Remove
			□Change
AMBR	Cambridge Group Holdings LLC	30 N Gould Street Suite R	
		Sheridan, WY 82801	
			□Change
		·	🗖 Add
			□Remove
			□Add
	•		Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	The ownership of Symbiose LLC has changed from Cambridge Group Holdings LLC to Cory Celestino.
	
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Effe	etive date, if other than the date of filing:
	ficetive 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ment's effective date on the Department of State's records.
the ree	ord 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
cord is	
Data	5/9/24
Date	" - 1 2
	<u> </u>
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

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