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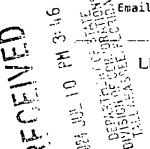
Division of Corporations

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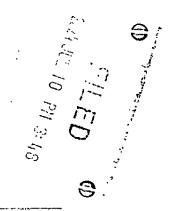
Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (512)597-0678 H24000234216 3

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **



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4		COVERTEEN		
TO: Registration Division of C	Section Jorporations		Ś	
e pope ()	i Therapeutics LLC			
SUBJECT:			>	
	Name of Lin	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	Diego Cruz			
		Name of Person		
	ZenBusiness INC			
		FirmCompany		
	336 E. College Ave Suite 301			
		Address		
	Tallahassee, FL 32301			
		City/State and Zip Code		
	fulfillment@zenbusiness.co			
	la-mail address: (to be used for future annual report notil	ication)	
For further informatio	n concerning this matter, please o	all:		
c/o ZenBusiness INC	:	844 493-6249 at ()		
Nair	e of Person	Area Code Daytime	: Telephone Number	
Enclosed is a check to	r the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sound Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MailingAddress: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

StreetAddress; Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bee Well Therapeutics LLC		
(Name of the Limited Liability Compar (A Florida Limited L	is as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.23000235842	were filed on <u>2023-05-12</u>	andassigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "EEC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	1360 us-1106 Ormand Beach, FL 3217-	1-3701
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	12 Talaquah Boulevard Ormond Beach,	FL 32174-3701
(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:	ddress on our records, <u>enter the nan</u>	ne of the new registered
		0
Name of New Registered Agent:	···········	2 1
New Registered Office Address:	Enter Florida street address	3. 1. 6.
	Florida	e :
	Chy	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

	Page: 4 of 5 og Authorized Person(I from our records:	05:36:38 UTC÷14 anage, <u>enter the title</u>	18506176383 , name, and address of ea	From: ZenBusiness U ach person beingadded
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Dated 7/10	2024
/s/ Andrew	Scott Bernett
	Signature of a member or authorized representative of a member
Andrew Scot	
	Typed or pranted name of signee