

L23000 362 092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2023 OCT -6 AM 10:42
CLERK OF COURT
LITTON, CO

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IRACEMA BIO 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:

MARCELO DIOGO MACHADO DIAS DA ROCHA

Name of Person

IRACEMA BIO LLC

Firm/Company

2201 SOLEMIA SQUARE LANE - APT 305

Address

NORTH MIAMI/ FL/ 33181

City/State and Zip Code

MARCELODMR@ICLOUD.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCELO DIOGO MACHADO DIAS DA ROCHA

+1 754 971 7344
at ()

Name of Person

Area Code

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)

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

2023 OCT -6 AM 10:42
SIGNED: [illegible]
TALL [illegible]

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

IRACEMA BIO 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 08/01/2023 and assigned
Florida document number L23000362092.

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:

MARCELO DIOGO MACHADO DIAS DA ROCHA

New Registered Office Address:

2201 SOLE MIA SQ LN - APT 305

Enter Florida street address

NORTH MIAMI

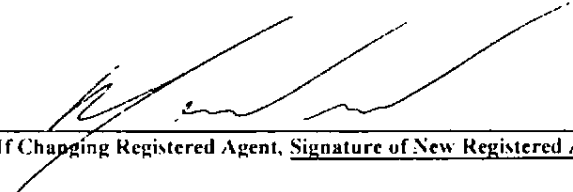
City

Florida 33181

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARCELO M ROCHA		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

This amendment document is exclusively for a single correction regarding my name that was registered in error.

It was previously registered as Marcelo M Rocha SR when the correct one is Marcelo M Rocha without the "SR".

All other information must remain the same as it is correct.

For registration, the full name of the only partner is Marcelo Diogo Machado Dias da Rocha.

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CLERK
STATE OF FLORIDA

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 September, 11

2023

Signature of a member or authorized representative of a member

MARCELO M ROCHA

Typed or printed name of signee