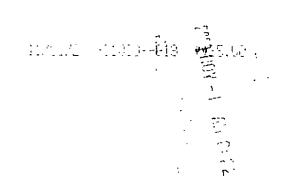


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PICK-UP	☐ WAIT	MAIL
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A. RIVERS

NOV 9 2023

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: <u>Lephyr Neuroscience LLC</u> 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:	
CHRISTINE KLESPIES Name of Person	
Zephyr Neuro Science LLC Firm/Company	
241 SE 24th Aue	
Bayntan Beach FL. 33435 City/State and Zip Code	
City/State and Zip Code Christine D Zephyr Neuro Science. Com E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Cttrist at KLESPIES at (SOI) 802-6765 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee Scriffed Copy Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy 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

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 $\frac{9/67/2623}{2623}$ and assigned Florida document number LZ300041860/ 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 "LLC." 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

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.

City

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address N. Ocean BUD	Type of Action
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		Briny Breezes F	_ 33435 □Remove
			□Change
		□Add	
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effective date i <u>e:</u> If the date	if other than the d is listed, the date must be inserted in this blocative date on the Dep	be specific and cannot be does not meet the	he applicable stat	filing or more than utory filing requir	(optional) 90 days after filing.) ements, this date w	Pursuant to 605,020 vill not be listed a
filed.	a delayed effective		fective time, at 1	2:01 a.m. on the e	arlier of: (b) The	90th day after the
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