L23000 445625

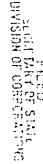
	(Requestor's Name)	
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	(A001633)	
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PICK-UP	WAIT	MAJL
	_	<u> </u>
	(Business Entity Name)	 _
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Certified Conies	Certificates of S	tatue
Special Instructions to	Fig. 046	1
Special insubctions to	Filling Officer.	
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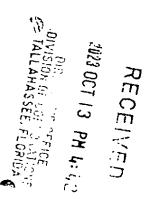
Office Use Only

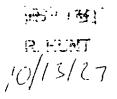


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115 N CALHOUN ST., STE. 4 TALLAHASSEE. FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	10/13/2023	
	Jennifer	
	#: 2151125	
Entity Name	e: OCEAN ME	DICAL RESEARCH, LLC
☐ Artic	les of Incorporation/Authoriz	ation to Transact Business
✓ Ame	ndment	ation to Transact Business 20 23 OCT
☐ Char	nge of Agent	<u>-</u> 3
☐ Rein	statement	PH 12
Conv	version	12: t0
☐ Merg	ger	
Disso	olution/Withdrawal	
☐ Fictit	iious Name	
Othe	er	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Authorized .	Amount: 25.00	
Signature: _	-	

F: 800.944.6607

FIEUROPEAN HQ

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 September 26, 2023 and assigned Florida document number L23000445625 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: OCEAN MEDICAL RESEARCH, LLC 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)	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: OCEAN MEDICAL RESEARCH, LLC 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)	
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Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(Principal office address MUST BE A STREET ADDRESS)	_
(Principal office address MUST BE A STREET ADDRESS)	C J
	Telvier Telvier
ω	- 유료·
Enter new mailing address, if applicable:	. 중기: - 중의:
(Mailing address MAY BE A POST OFFICE BOX)	~ √86 71 S
	_ <u>_</u>
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new regi</u> agent and/or the new registered office address here:	itered
Name of New Registered Agent:	_
New Registered Office Address:	
Enter Florida street address	_
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 Title <u>Name</u> Address Type of Action □Remove ______ Remove 2023ggC] ______ _____ □RemeVs _____ □ Change _____ □Remove _____ Change ____ □Remove ____ □Add

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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(If an et <u>Note:</u>	tive date, if other than the date of filing:	5.0207 ted as	(3)(b) the
If the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte filed.	er the	
Dated	October , O 4 , 2023		
	Signature of a member or authorized representative of a member		
	ANIUSKA GABRIELA JORGE ORO		

Filing Fee: \$25.00

Typed or printed name of signee