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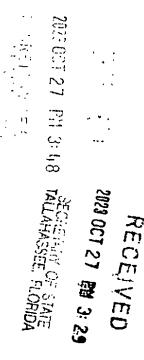
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COVER LETTER

TO:

Registration Section Division of Corporations

subject: <u>Remix</u>	Life Tech Name of Limi	LLC ited Liability Company	<u></u>	
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
	Travis Pinch	Name of Person		
	Bernix Life	Tech, LLC Firm/Company		
	7901 4th Str	ect N Suite 30) o	2022 00
	St. Petersburg	at (
	Fravis @ tgpvisio. E-mail address: (to be used for future annual report noti	fication)	프 · . - 요 · ·
For further information con	cerning this matter, please ca	all:	131	- 33
Travis Pinckne Name of P	erson	at (<u>909</u>) <u>451-5</u> Area Code Daytim	7/9/7 ne Telephone Number	
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Certified Co	of Status &
Mailing Address: Registration Se Division of Co P.O. Box 6327		Registration Se Division of Co	rporations	
Tallahassee, Fl	_ 32314	2415 N. Monro	e Street, Suite 810)

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Remix Life Tech, LI	<u> </u>		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears (d Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compar Florida document number	ny were filed on	9/28/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here	<u>:</u> ;	
		-	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the des	ignation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	-		
Enter new mailing address, if applicable:		<u>د.</u> ت:	200
(Mailing address MAY BE A POST OFFICE BOX)		27 27 274	0
			7
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our rec	ords, <u>enter the name</u>	of the new registered
		<i>t</i> = ,	<u></u>
Name of New Registered Agent:			<u>.</u>
New Registered Office Address:			
	Enter Florid	a street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agen	•		7.47 Com
I hereby accept the appointment as registered agent and approvisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officeompany has been notified in writing of this change.	gree to act in this co te performance of n s provided for in Cl	iy duties, and I am fa apter 605, F.S. Or, i	miliar with and fithis document is

If Changing Registered Agent, Signature of New Registered Agent

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
MER	TEP Dominion, UL	7901 4th Street N) □Add
		Suite 300 St. Pettersbu	₩ Remove
		F1 33702 UN	□Change
MER	Travis Pinckney	79014th Street N Suite 300 St, Peterso, Fl 33702 UN	nburg
			□Change
			□Add
		•	Remove Cl 21 Change
		· :	☐Add- 450 □Remove
			□Change
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Tective date, if other than the date of filing:	ior to date of tiling	or more than 90 days after	r filing	J g.) Pursua	int to 605.03
ote: If the date inserted in this block does not meet the apple cument's effective date on the Department of State's record	licable statutory	filing requirements, th	is dat	e will no	t be listed
,					
ecord specifies a delayed effective date, but not an effective	e time, at 12:01 a	.m. on the earlier of: (b) T	he 90th	day after t
is filed.					
ted October 27 . 200	23.				
Signature of a member or au	-				

Filing Fee: \$25.00