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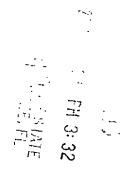
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COVER LETTER

Division of Co	rporations				
ISOCELL. SUBJECT:	PRODUCTS LLC				
SUBJECT:	Name of Lin	nited Liability Company	 _		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Patrick Mullin				
		Name of Person			
	ISOCELLPRODUCTS LI	LC			
Firm/Company					
	500 SW 2nd Ave 114				
		Address			
	BOCA RATON, FL 33432	2	**	1 ~ 7	
		City/State and Zip Code			
	isocellproducts@gmail.com		3% ** 	{·:	
	E-mail address: (to be used for future annual report notification)			
For further information of	oncerning this matter, please ca	all:	ر برای رین سا	PM 3:	, 1~
Patrick Mullin		516 778-2242 at ()	FLE	3: 32	
Name o	f Person	Area Code Daytime Telepho	one Number		
Enclosed is a check for the	ne 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 Certificate o Certified Cop (additional copy	f Status py	

TO:

Registration Section

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

ISOCELLPRODUCTS LLC	
(Name of the Limited Liability Company as it i (A Florida Limited Liability Company)	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fi	led on 10/11/2023 and assigned
lorida document number L23000468138	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability cor	mpany here:
soCell Entities LLC	
he new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	2
inter new mailing address, if applicable:	: - 33 - 76'
Mailing address MAY BE A POST OFFICE BOX)	My w
	PA ω
 -	m N
. If amending the registered agent and/or registered office address gent and/or the new registered office address here:	on our records, enter the name of the new regis
Name of Nicola Paris, and a second	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

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.

Citv

Zip Code

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
			Change
			□Remove
			□Change
			Remove
			Change Change Change Change Change Change
			□Remove
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ective date, if other than the effective date is listed, the date muse: If the date inserted in this burnent's effective date on the E	st be specific and cannot be plock does not meet the appeartment of State's reco	prior to date of fili plicable statutor ords.	ng or more than 90 da 'y filing requiremer	nts, this date	.) Pursuant to will not be	listed
record specifies a delaye he 90th day after the rec	ora is filea.	not an effec	tive time, at 12	:01 a.m.	on the ea	arlier
ed		·				
N 1 **	nullim					
W Sepull \	Signature of a member or a					