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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

	Address:	
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **K2 MEDICAL RESEARCH MELBOURNE LLC**

Certificate of Status	0
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T. LEMIEUX

Helb/L 1 1 2024

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION' OF

🦟 K2 Medical Research Melbourne L			3	<b>}</b>		
(Name of the Limit	ed Liability Compar (A Florida Limited L	ny as it now appears on our re liability Company)	cords.)			
The Articles of Organization for this Limited L Florida document number L23000531716		were filed on 11/29/2023		and assigned		
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name o	f the limited liabi	ility company here:				
The new name must be distinguishable and contain the w	ords "Limited Liabili	ity Company," the designation '	'LLC" or the abl	breviation "L.L.C."		
Enter new principal offices address, if applic	able:	541 South Orlando Avenu	e. Suite 100			
(Principal office address MUST BE A STREE		ESS) Maitland, FL 32751				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or ragent and/or the new registered office address.	egistered office a	ddress on our records, <u>er</u>	nter the name	$\frac{\omega}{\sim}$	red	
Name of New Registered Agent:	Corporate Creat	tions Network Inc.				
New Registered Office Address:	801 US Highwa					
		Enter Florida street ac	ddress			
	North Palm Bea	ich	, Florida <u>33</u> 4	108		
		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.

m. Fenler

By: Ariana Turoski, Special Secretary

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>	Name	<u>Address</u>	Type of Action
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