## L240000 23203

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## **COVER LETTER**

Div	ision of Corp	perations			
cub le <i>c</i> t.	ScienceNex	t LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		Andrew Pierce			
			Name of Person		
		CINDY'S FLORIDA LLC			
			Firm/Company		
		8051 N. Tamiami Trail ST	E E6		
			Address		
		Sarasota, Florida, 34243			
			City/State and Zip Code		
		reports@cloudpeaklaw.com			
		E-mail address: (	to be used for future annual re	port notification)	
For further in	nformation co	oncerning this matter, please ca	all:		
Andrew Pier	ce		307 683-	0983	
	Name of	Person	Area Code	Daytime Telephone	Number
Enclosed is a	check for th	e following amount:			
<b>■ \$25.00</b> F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) (	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
	iling Address gistration S		Street Add	Iress: ion Section	
-	<del>-</del> *	orporations	<del>-</del>	of Corporations	5
	Box 632			re of Tallahacce	

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ScienceNext LLC

(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 Co	ompany were filed on 01/10/2024	and assigned
Florida document number L24000023203	<del>_</del> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
ScienceIngress LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LI.	.C" or the abbreviation "L.1C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
		_
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	office address on our records, <u>ente</u>	The name of the new registered
	Enter Florida street addr	ess
	, F	T <b>lorida</b>
		Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ageing filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my duties, o ent as provided for in Chapter 605	and I am familiar with and , F.S. Or, if this 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>	Name	Address	Type of Action
			□ Add
			□ Remove
			Change
			□Add
			□ Remove
			Change
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			Петоче
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ffect	ive date, if other than the date of filing: (optional)
an cff	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
OLE:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
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осит	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
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ocum recor l is fil	led.
ocum recor l is fil	March 26 , 2024
ocum recor l is fil	led.

Filing Fee: \$25.00