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COVER LETTER

TO:

Registration Section

· Division of Co	i por ations				
SUBJECT: Belleview	402, LLC				
SOBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Jeffrey Sherman				
		Name of Person		_	
		Firm/Company		_	
	3874 Tampa Road	. ,		- <u>;</u> *	
		Address		-,-! <u>"</u>	
	Oldsmar, Fl. 34677			SS/C	
	shrmlw@cs.com	City/State and Zip Code		EE, FI	PH 2:5
	E-mail address: (to be used for future annual report no	tification)	L.	57
For further information of	concerning this matter, please c	all:			
Jeffrey Sherman		813 855-0700 x	227		
Name o	f Person	Area Code Dayti	me Telephone Numbe	er -	
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Sta	itus &
Mailing Addres Registration S	Section	Street Address: Registration So			
Division of C P.O. Box 632		Division of Co The Centre of	•		
Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 8	310	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RELIEVIEW 402 LLC

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)			- -
The Articles of Organization for this Limited Liability Company Florida document number L24000204210			and	assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
BELLEVIEW BIOSCIENCE LLC				
The new name must be distinguishable and contain the words "Limited Liabi	tity Company," the designation "LLC" or	the abbr	eviation	"L.L.C."
Enter new principal offices address, if applicable:		,	733	
(Principal office address MUST BE A STREET ADDRESS)		<u>"</u>	7.3	
		[[*	
		<u>かり</u> :ごよ		<u> </u>
Enter new mailing address, if applicable:	BELLEVIEW BIOSCIENCE LLC	RASSE	PH	Ē.,
(Mailing address MAY BE A POST OFFICE BOX)	3874 TAMPA ROAD	i v	<u> </u>	Street of
(Manual Guares) MAT BE A FUST OFFICE BUA)	OLDSMAR, FL 34677	<u> 구</u> 골	58	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:				
		•	· · · · ·	
New Registered Office Address:	Enter Florida street address			
	, Florid	а		
	City		Zip Cod	de
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as publications of the registered office company has been notified in writing of this change.	performance of my duties, and I provided for in Chapter 605, F.S.	am fan Or, if	niliar v this do	vith and cument is
If Chan	ging Registered Agent, Signature of Ne	w Regist	ered Ag	ent

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
MGR	ADAM SCHOENBAUM	3874 TAMPA ROAD	≣ Add
		OLDSMAR, FL 34677	□Remove
			☐Change
			□∧dd
			□Remove
			□Change
	·	· · · · · · · · · · · · · · · · · · ·	S B □Add
			Remove
			FAIE DAdd
			□Remove
			Change
			Remove
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			□Change

ADD MEMBERS: ADAM SCHOENBAUM AND JEFFREY SHER	MAN	
		-
		 .
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		•
	N OF SSEE	<u> </u>
	AIL 5	
tive date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior to date of filing. If the date inserted in this block does not meet the applicable statutor ment's effective date on the Department of State's records.	(optional) ng or more than 90 days after filing.) Pur ry filing requirements, this date will	suant to 605 not be list
rd specifies a delayed effective date, but not an effective time, at 12:01 filed.	l a.m. on the earlier of: (b) The 90	th day afte
· · · · · · · · · · · · · · · · · · ·		
Signature of a member or authorized represe		