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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	gistration Serision of Co			
CUDIFOT.		SHARK LLC		
SUBJECT:		Name of Lin	nited Liability Company	
The enclose	d Anicles of	Amendment and fee(s) are sul	omitted for filing.	
Please return	ı all correspo	ondence concerning this matter	to the following:	
		Jesus Sanchelima Esq.		
			Name of Person	
		Sanchelima & Associates	P.A.	
			Firm/Company	······································
		235 SW Le Jeune Road		
			Address	
		Miami, Florida 33134		
			City/State and Zip Code	
		assist@sanchelima.com		
		E-mail address: (to be used for future annual report no	tification)
For further in	nformation c	oncerning this matter, please c	all:	
Jesus Sanch	elima Esq.		305 4471617	
	Name o	f Person		ne Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fce & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Address		Street Address: Registration Se	ection
Division of Corporations		Division of Co	rporations	
•). Box 632 lahassee, F		The Centre of	Tallahassee oe Street, Suite 810
1 641	. washing of the	€ ال الساء ال	ZTIJ IN. MOIII	o bucci, banc 610

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

NEURO SHARK LLC

(Name of the Lin	nited Liability Company as it now appear (A Florida Limited Liability Company)	rs on <u>our records.</u>)	
The Articles of Organization for this Limited Clorida document numberL24000205184	Liability Company were filed on	01/16/2024	and assigned
This amendment is submitted to amend the fo	Howing:		
A. If amending name, enter the new name	of the limited liability company he	ere:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the ab	breviation "L.L.C."
Inter new principal offices address, if appl	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
inter new mailing address, if applicable:		<u>-</u>	JUN T
Mailing address MAY BE A POST OFFICE	E BOX)		2 3
s. If amending the registered agent and/or gent and/or the new registered office addr		ecords, enter the nam	e of the new regis
Name of New Registered Agent:	SANCHELIMA & ASSOCIATES	5, PA.	
New Registered Office Address:	235 SW LE JEUNE ROAD		
	Enter Flor	da street address	
	MIAMI	, Florida <u>33</u>	134
	City		Zip Code

N

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.

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
	<u> </u>		□Add
			□Remove
			□Change
	•		□Add
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The 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	. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:	_	
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Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	Dated	June 01 2024
V		1.6
Jesus Sanchelima Esq.		Signature of a member or authorized representative of a member
		Jesus Sanchelima Esq.

Filing Fee: \$25.00