## L24000320282

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## **COVER LETTER**

Section Iorporations		
ERX LLC		
Name of Lir	mited Liability Company	
of Amendment and fee(s) are suf	bmitted for filing.	
spondence concerning this matter	r to the following:	
YASENYA B DARWICI	TE .	
	Name of Person	
REVIVERX LLC		
	Firm/Company	
6545 NW CLOVERDALI	E AVE	~ ,
	Address	•
PORT ST LUCIE, FL 349	987	·
YASENYA.DARWICHE@	City/State and Zip Code Code	FN 3: 44
	177	·· 
r concerning this matter, picase c		
	561 3197008 at ()	
e of Person	Area Code Daytime Telephone Number	
the following amount:		
■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy tadditional copy is enclosed) ☐ Certificate of Certified Copy (additional copy)	Status &   oy
Section	Street Address: Registration Section	
	Division of Corporations	
	SERX LLC  Name of Lie  of Amendment and fee(s) are su spondence concerning this matte  YASENYA B DARWICH  REVIVERX LLC  6545 NW CLOVERDAL  PORT ST LUCIE, FL 349  YASENYA.DARWICHE@  E-mail address: a concerning this matter, please of e of Person  the following amount:  S30.00 Filing Fee &	SERX LLC  Name of Limited Liability Company  of Amendment and fee(s) are submitted for filing.  spondence concerning this matter to the following:  YASENYA B DARWICHE  Name of Person  REVIVERX LLC  Pitm/Company  6545 NW CLOVERDALE AVE  Address  PORT ST LUCIE, FL 34987  City/State and Zip Code  YASENYA.DARWICHE@GMARL.COM  E-mail address: tto be used for future annual report notification)  The concerning this matter, please call:  a concerning this matter, please call:  Soft Person  at (

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REVIVERX LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our record a Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability (	Company were filed on 07/18/2024	and assigned
Florida document number L24000320282	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	iited liability company here:	
AureliaRx LLC		*~* !
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· 
Principal office address MUST BE A STREET ADD	RESS)	
	-	
Enter new mailing address, if applicable:		' ⊞ #T
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere	d office address on our records, enter	the name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	SS
	, FI	orida
	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.

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
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ctive date, if other than the	e date of filing:	_	(opt	ional)	
effective date is listed, the date must If the date inserted in this burnent's effective date on the I	ist be specific and cannot be pri- lock does not meet the appl	icable statutory fili			
ord specifies a delayed effecti- filed.	ve date, but not an effective	time, at 12:01 a.m.	on the earlier of:	b) The 9	0th day after th

Typed or printed name of signee

Signature of a member or authorized representative of a member

Zeina f Eid