## L24000369321

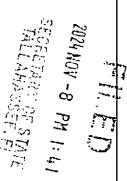
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700439187817

11/08/24--01018--007 \*\*25.00



## **COVER LETTER**

1

TO: Registration So Division of Cor				
VERAXXA	\ SAS, LLC			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.		
Please return all correspo	ondence concerning this matter	to the following:		
	Eduardo E. Maldonado, M	BA		
		Name of Person		_
		Firm/Company		_
	5313 NW 112th CT			2024 SECR
		Address		2024 NOV -8 PH 1: 43 SECRETASSEE TOTE  ALLEGIASSEE TOTE  1
	Doral, FL 33178	City/State and Zip Code		PH I
For further information e	E-mail address: ( oncerning this matter, please c	to be used for future annual re all:	port notification)	163
Eduardo Maldonado		305 725-		
Name o	f Person	Area Code	Daytime Telephone Number	er
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certifie	ate of Status &
Mailing Address: Registration Section		<del>_</del>	ion Section	
Division of Corporations P.O. Box 6327			of Corporations re of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VERAXXA SAS, 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 Company were filed on  $\frac{08/22/2024}{}$ and assigned Florida document number 1.24000369321 This amendment is submitted to amend the following: A. If amending name, enter the new\_name of the limited liability company here: VERAXXA, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST\_BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_. Florida \_ Cin

## 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, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member Title <u>Name</u> Address Type of Action \_\_\_\_ □Remove \_\_\_\_\_ □Add \_\_\_\_\_ Remove \_\_\_\_\_ □Change □Remove \_\_\_\_ □Change \_ 🗆 Add □Remove \_ □Change

	ding any other information, enter change(s) here: (Attach additional sheets, if ne		
_			
_		<u>-</u>	
_		<del></del>	
_		<u> </u>	
_			
_			
_		3 2	•
		ALLI	:
		手変了	<del>,</del>
_		<u> </u>	į
-		28 PP 20 PP 20 PP 20 PP 20 PP	, E.
_		FIA S	
_			
_			
_			
_			
_	<del></del>		
Effecti	e date, if other than the date of filing: (op	otional)	
(II an effe	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days af f the date inserted in this block does not meet the applicable statutory filing requirements.	fter filing.) Pursuant to 605.0	0207 ( d.as.il
	nt's effective date on the Department of State's records.		
the record ord is fil	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
Dated .	November 5th 2924		
	Williams ()		
	Signature of amendary or authorized representative of a member		
	·		

Filing Fee: \$25.00