Division of Corporations



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To:

Division of Corporations

. . .

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

*Enter the email address for this business entity to be used for future to be used for _annual report mailings. Enter only one email address please

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FIRST DOSE LLC

Certificate of Status	0
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Page Count	04
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1/1

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

First Dose LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our recor imited Liability Company)	<u>(ts.)</u>
The Articles of Organization for this Limited Liability Con Florida document number L24000416223	mpany were filed on 09/24/24	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE.	SS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	20
		25 JI
B. If amending the registered agent and/or registered o	affice address on our records, enter	r the name of the new registers
igent and/or the new registered office address here:	enter address on our records. enter	<u>,)</u>
Name of New Registered Agent:		ر الله الله الله الله الله الله الله الل
New Registered Office Address:		- G
	Enter Florida street addre	30
		lorida
	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.

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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
MGR	FADDOUL, CHARBEL	7901 4th St N STE 300	⊒Add
		St. Petersburg, FL 33702	□Remove
			⊡Change
MGR	FADDOUL, CHRISTOPHER	7901 4th St N STE 300	□Add
		St. Petersburg, Ft 33702	©Remove
			\(\times\)Change
MGR	fGR FADDOUL, ALEXANDER	7901 4th St N STE 300	□Add
		St. Petersburg, FL 33702	□Remove
			⊡ Change
			□Add
			□Remove
			□Change
			∐Add
			∏Remove
			□ Change
			DAdd
			□Remove
			□Change

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Effective date, if other than fan effective date is listed, the date Note: If the date inserted in the document's effective date on the	must be specific and cannot is block does not meet the	be prior to date of filing o applicable statutory fi	(option r more than 90 days after til ling requirements, this d	ng.) Pursuant to 605.0207 (.
record specifies a delayed effo d is filed.	ective date, but not an effe	ctive time, at 12.01 a.i	n, on the earlier of; (b)	The 90th day after the
Dated June 30	2025			

Filing Fee: \$25.00