L25000375002

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6383

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Account Name : AIREN CONSULTING
Account Number : I20240000131
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AVIV PHARMACEUTICALS USA, LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVIV PHARMACEUTICALS USA, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AIREN SUAREZ
Name of Person

AIREN CONSULTING
Firm/Company

1405 SW 107TH AVE SUITE 301-I
Address

MIAMI FL 33174
City/State and Zip Code

OFFICE@AIRENCONSULTING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AIREN SUAREZ at (305) 316-1857
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ $25.00 Filing Fee ☐ $30.00 Filing Fee & Certificate of Status ☐ $55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ $60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVIV PHARMACEUTICALS USA, 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 08/18/2025 and assigned Florida document number L25000375002.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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

City, Florida *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

Title	Name	Address	Type of Action
AMBR	LUIS ANTONIO CARDON COZ(	CALZADA ATANSIO TZUL 22-00 ZONA 12	☐Add
		EL CORTIJO II OFIBODEGA 409 GT	☐Remove
			■Change
AMBR	LUIS ANTONIO CORDON COR7	CALZADA ATANSIO TZUL 22-00 ZONA 12	☐Add
		EL CORTIJO II OFIBODEGA 409 GT	☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The correction is to amend the spelling of one of the members' last names.

The name was originally filed as LUIS ANTONIO CARDON CORZO.

The correct spelling, as shown on his passport and other identification documents,

is LUIS ANTONIO CORDÓN CORZO. No other information has been changed.

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E. Effective date, if other than the date of filing: 10/09/2025 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 10/09/2025

Erwin O Trabanino

Signature of a member or authorized representative of a member

ERWIN OSWALDO TRABANINO PALMA

Typed or printed name of signee