

10/7/2021 Oct. 7, 2021 6:53 PM

Division of Corporations

No. 0074 P. 1

m18000011440

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : GLOBAL ACCOUNTING AND TAX PROFESSIONAL CORP
Account Number : I20140000098
Phone : (786)372-1391
Fax Number : (786)762-2589

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

Email Address: _____

2021 OCT -8 PM 12:55

STATE OF FLORIDA
TALLAHASSEE

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ANKOR BIOSCIENCES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2021 OCT -8 AM 11:01
STATE OF FLORIDA
TALLAHASSEE

FILED

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VH

Oct. 7. 2021 6:53PM

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

No. 0074 P. 2

421 000 3756 08 3

ANKOR BIOCIENCES 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 12/11/2018 and assigned
Florida document number M18000011440.

This amendment is submitted to amend the following:

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

N / A

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:

N / A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N / A

(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:

N / A

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

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If any person(s) authorized to manage, enter the title, name, and address of No. 0074 Person. Do not add
or removed from our records:

MGR = Manager
AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	EDGAR A. GOMEZ	7500 NW 25TH STREET	<input type="checkbox"/> Add
		SUITE # 246	<input checked="" type="checkbox"/> Remove
		MIAMI FL 33122	<input type="checkbox"/> Change
AMBR	MAURO RUSSO	7500 NW 25TH STREET	<input checked="" type="checkbox"/> Add
		SUITE # 246	<input type="checkbox"/> Remove
		MIAMI FL 33122	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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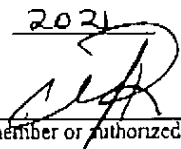
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

* * PLEASE ADD FEIN 36-4919216 (ATTACHED) * *

E. Effective date, if other than the date of filing: 10/07/2021 (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 / 07 / , 2021


Signature of a member or authorized representative of a member

MAURO RUSSO

Typed or printed name of signer

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CLERK OF THE STATE
TALLAHASSEE, FLORIDA

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