## L25000002458

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## **COVER LETTER**

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	ence concerning this matte	r to the following:		
	ence concerning this matte	r to the following:		
II correspond	-			
	Corey Williams	Name of Person		
		Name of Person		
		Firm/Company		
	4180 McClellan Road			
		Address		
	Pensacola, FL 36503			
		City/State and Zip Co	ode	
	E-mail address:	(to be used for future ann	nual report notification	)
ormation con	cerning this matter, please	call:		
15		205 at ( )	540-4437	
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ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	ç	\$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed
1	Name of P	Pensacola, FL 36503  corwillphd@gmail.com  E-mail address:  primation concerning this matter, please as  Name of Person  heck for the following amount:  ing Fee	Address  Pensacola, FL 36503  City/State and Zip Convillphd@gmail.com  E-mail address: (to be used for future and sormation concerning this matter, please call:    Solution	Address  Pensacola, FL 36503  City/State and Zip Code corwillphd@gmail.com  E-mail address: (to be used for future annual report notification  primation concerning this matter, please call:  as  at (

Mailing Address:

TO:

**Registration Section** 

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

2025 JAN 24 PH 4: 28

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

AXOMOTIS BIOLOGICS LLC				
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on o Liability Company)	ur record <u>s.</u> )	<del></del>
The Articles of Organization for this Limited 1		were filed on December	er 30, 2024	and assigned
Florida document number L25000002458				
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liał	oility company here:		
AXONEME SCIENTIFIC LLC				
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designat	ion "LLC" or the at	breviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A		
Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
Mailing address MAY BE A POST OFFICE	E ROX)			
3. If amending the registered agent and/or tgent and/or the new registered office addr  Name of New Registered Agent:	k /	address on our record	s, <u>enter the nam</u>	e of the new registe
New Bugistarad Office Address	N/A			
New Registered Office Address:	N/A	Enter Florida str	vet address	<del></del>
New Registered Office Address:	N/A N/a	Enter Florida str	vet address	

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 p company has been notified in writing of this change.

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>	Name	Address	Type of Action
N/A	N/A	N/A	□Add
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	block does not meet the applicab Department of State's records.	le statutory titing requirem	ents, this date will r	ot be listed
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January 08	. 2025			H. JAI
Chall.	11/1			JAN 24 JANASSI
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Typed or printed name of signee