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 : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone : (323)962-8600

Fax Number : (323)389-0502

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

Email	Address:			
Emall.	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHIRON CONNECTIONS LLC

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K. SALY

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Help

COVER LETTER

TO: Registration Sec Division of Corp					
CHIRON COSUBJECT:	ONNECTIONS LLC				
	Name of Limi	ited Liability Company			
	Amendment and fee(s) are subsidence concerning this matter				
	Erik Treutlein				
		Name of Person			
	Legalzoom.com, Inc.				
		Firm/Company			
9900 Spectrum Dr					
		Address			
	Austin, TX 78717				
	E-mail address: (t	to be used for future annual report notific	cation)		
For further information co	ncerning this matter, please ca	all:			
Erik Treutlein		800 773-0888			
Name of Person		at () Area Code Daytime	Telephone Number		
Enclosed is a check for the	e following amount:				
□ \$25.00 Filing Fee	S30.00 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:

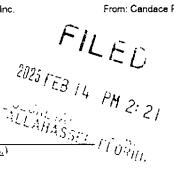
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To:

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



CHIRON CONNECTIONS 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 01/21/2025 and assigned Florida document number _____L25000037510 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." 17600 RUTH ST Enter new principal offices address, if applicable: MOUNT DORA, FL 32757 (Principal office address MUST BE A STREET ADDRESS) 17600 RUTH ST Enter new mailing address, if applicable: MOUNT DORA, FL 32757 (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

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.

City

/S/	
If Changing Registered Agent, Signature of New Registered Agent	_

_, Florida ___

Ta:	•	Page: 5 of 6	2025-02-14 06:48:26 PST	LegalZoom.com, Inc.	Fram: Candace Pringl

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
AMBR	POLLAERT, CANDACE V		□ Add
			☐ Remove
		17600 RUTH ST MOUNT DORA, FL 32757	€_ Change
			Add
			☐ Remove
			Change
			To Add To Add Remove
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			☐ Remove
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			Change

• ,	Page: 6 of 6	2025-02-14 06:48:26 PST	LegalZoom.com, Inc.	From: Candace P
D. If amen	ding any other inforn	nation, enter change(s) here: (Attach	additional sheets, if necessary.)	
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E. Effective	e date, if other than the	ne date of filing:nust be prior to date of file	(optional) ing or more than 90 days after filing.) Pursi	iant to 605.0207 (3)(b)
Note: If	the date inserted in this	block does not meet the applicable statuto	ry filing requirements, this date will n	ot be listed as the
documen	it's effective date on the	Department of State's records.		
		ed effective date, but not an effec	ctive time, at 12:01 a.m. on th	ne earlier of:
(0) 1118 9	Oth day after the re	coru is illeu.		
	02/14	2025		
Dated _		. 2025		
	/S/ CANDACE	V POLLAERT		
	- CANDAGE	Signature of a member or authorized repress	entative of a member	
		and the state of t		
	CANDACE V POLL	AERT		
		Typed or printed name of si	gnee	

Page 3 of 3

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