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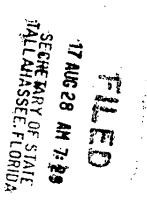
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COVER LETTER

Div	ision of Corp	orations ,		
UBJECT:	US Alliance	Pharmaceuticals LLC		
object.		Name of Limi	ited Liability Company	
he enclosed	LArticles of A	mendment and fee(s) are sub	mitted for filing	
			_	
lease return	all correspon	dence concerning this matter	to the following:	
		Arash Jabbari		
			Name of Person	
		US Alliance Pharmaceutica	als LLC	
			Firm/Company	
		1717 North Bayshore Driv	e Suite 106	
			Address	
-		Miami Florida 33132		•
		jabbari1@gmail.com	City/State and Zip Code	
		-	to be used for future annual report notifi	cation)
For further in	nformation co	ncerning this matter, please ca	all:	
Arash Jabba	ri		786 777-0344 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
\$25.00 F	iling 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

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

US Alliance Pharmaceuticals LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	y <u>Company as it now appears on our records.</u>) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 11/13/2006 and assigned
Florida document number L06000109616	_··
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limit</u>	ed liability company here:
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR	ESS)
•	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
Manning marress Mill District Oct 0111015 DOLLY	
B. If amending the registered agent and/or regist	ered office address on our records, enter the name of the ne
registered agent and/or the new registered office addr	ess here:
	[E8 2
Name of New Registered Agent:	5# 5
New Registered Office Address:	SSS SSS
New Registered Office Address.	Enter Florida street address
	Florida S
	City Florida Zipode

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u> <u>Name</u>		Address	Type of Action	
MGR/Me Arash Jabbari	Arash Jabbari	1717 North Bayshore Drive Suite 1 🗸	■ Add	
	WIRM! FLOWING 33139			
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fective date, if other than the date of filing:		(opti	onal)		
n effective date is listed, the date must be specific and cannot be prior to tel: If the date inserted in this block does not meet the application.	o date of filing or mo	ore than 90 days after	r filing.) Pu	irsuant t Lnot be	o 605.02 e listed
cument's effective date on the Department of State's records.	ore states of mine	, requirement, in	s dille with		
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record specifies a delayed effective date, but not The 90th day after the record is filed.	an errective ti	me, at 12:01	a.m. on	tne e	arner
August 25					
ted August 25 , 2017	 •				
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Signature of a member of author	rized representative	of a member			
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Filing Fee: \$25.00