

# L15000004130

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.

((H15000078779 3)))



H150000787793ABCF

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:  
Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.  
Account Number : 076077001702  
Phone : (407)841-1200  
Fax Number : (407)423-1831

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

Email Address: allyn@maycumber.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MEDIC NK PHARMACEUTICALS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

SRL 033920/061829

15 MAR 30 AM 10:00  
BUREAU OF CORPORATE  
INFORMATION SERVICES

15 MAR 30 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu Corporate Filing Menu Help

((H15000078779 3)))

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

MEDIC NK PHARMACEUTICALS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
15 MAR 30 PM 12:20  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/08/2015 and assigned  
Florida document number L15000004130

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 end with 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: Allyn Maycumber

New Registered Office Address: 9161 Narcoossee Road  
*Enter Florida street address*

Orlando, Florida 32827  
*City 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.*

Allyn Maycumber  
If Changing Registered Agent, Signature of New Registered Agent

((H15000078779 3)))

(((H15000078779 3)))

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	BERNARD, BRIAN	637 LAKE BISCAYNE WAY	<input type="checkbox"/> Add
		ORLANDO, FL 32824	<input checked="" type="checkbox"/> Remove
AMBR	COGDILL, CHRISTOPHEF	5689 GOVERNOR RICHARDSON ROA	<input type="checkbox"/> Add
		SUMMERTON, SC 29148	<input checked="" type="checkbox"/> Remove
AMBR	CEHAJIC, NERMIN	9938 SWEETLEAF STREET	<input type="checkbox"/> Add
		ORLANDO, FL 32827	<input checked="" type="checkbox"/> Remove
MGR	CEHAJIC, NERMIN	9938 SWEETLEAF STREET	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32827	<input type="checkbox"/> Remove
AMBR	MAYCUMBER, ALLYN W.	9836 SWEETLEAF STREET	<input type="checkbox"/> Add
		ORLANDO, FL 32827	<input checked="" type="checkbox"/> Remove
MGR	MAYCUMBER, ALLYN W.	9836 SWEETLEAF STREET	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32827	<input type="checkbox"/> Remove

SEE ATTACHMENT FOR  
ADDITIONAL MANAGER

(((H15000078779 3)))

If amending the Managers or Authorized Members, please enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

ATTACHMENT/CONTINUATION OF ITEM C

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PRICE, JEFFREY L.	2544 CARTER GROVE CIRCLE	<input checked="" type="checkbox"/> Add
		WINDERMERE, FL 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

CONTINUATION OF ITEM C

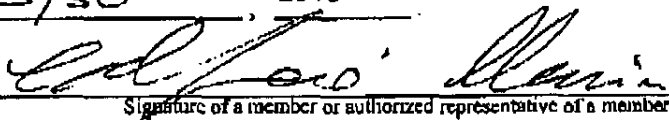
((H15000078779 3)))

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

\_\_\_\_\_  
 \_\_\_\_\_ N/A  
 \_\_\_\_\_ N/A  
 \_\_\_\_\_  
 \_\_\_\_\_

E. Effective date, if other than the date of filing: MARCH 30<sup>TH</sup> 2015 (optional)  
 (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 03/30 2015

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

NERMIN CEHAJIC

\_\_\_\_\_  
 Typed or printed name of signer

Filing Fee: \$25.00

((H15000078779 3)))