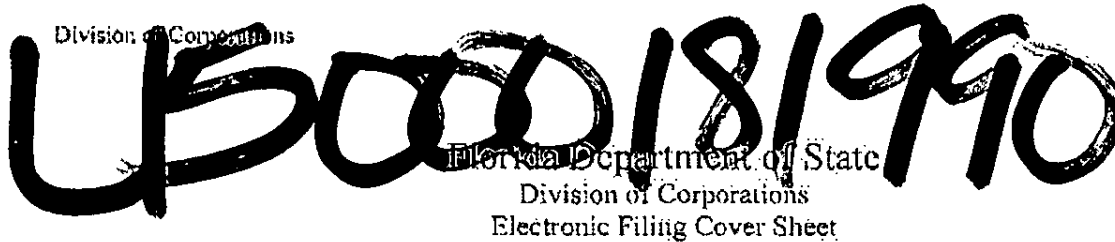


Division of Corporations

Page 1 of 1



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.

((H16000034058 3)))



H16000034058343C.

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 : FRANK, WEINBERG, BLACK, P.L.
Account Number : 120040000093
Phone : (954) 474-8000
Fax Number : (954) 474-9850

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

Email Address: kmoro@fwblaw.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COMPLETE PHARMACEUTICS LABORATORY, LLC

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

FEB 10 2016

Electronic Filing Menu: Corporate Filing Menu

S. YOUNG
Help

RECEIVED
2016 FEB -9 PM 4:06
FILED
16 FEB -9 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H16000034058 3:
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

COMPLETE PHARMACEUTICS LABORATORY, 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 October 26, 2015 and assigned
Florida document number: L15000181990

This amendment is submitted to amend the following:

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

MAITLAND LABS, LLC

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:

(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:

New Registered Office Address:

Enter Florida street address

Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

H1600034058 3

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

Title	Name	Address	Type of Action
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
16 FEB -9
10 10 12
STATION
TALLAHASSEE, FLORIDA

E1600034058 3.

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

E. Effective date, if other than the date of filing: _____ (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 GC § 0207 (4)(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.

(b) The 90th day after the record is filed.

Dated

2/9/16
 Signature of a member or authorized representative of a member.

X Gregory A. Wiser
typed or printed name of signer