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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

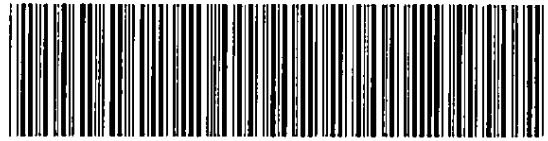
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

NOV 08 2023

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DifGen Pharmaceuticals of Florida, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Srinivasan Vedantham

Name of Person

Aveva Drug Delivery Systems, Inc.

Firm/Company

3250 Commerce Parkway

Address

Miramar, FL 33025

City/State and Zip Code

Aveva Compliance@difgen.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wilfredo Diaz, Jr.

Name of Person

954

at (_____) _____

Area Code

430-3340

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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2023 OCT 31 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 8, 2023

SRINIVASAN VEDANTHAM
3250 COMMERCE PARKWAY
MIRAMAR, FL 33025

SUBJECT: DIFGEN PHARMACEUTICALS OF FLORIDA LLC
Ref. Number: M23000005468

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

The form you submitted is for a FL LLC but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s). For a faster turnaround you can email the corrected documents to: Vonterica.Williams@DOS.myflorida.com.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Vonterica S Williams
REGULATORY SPECIALIST II

Letter Number: 723A00020521

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Dif Gen Pharmaceuticals of Florida, LLC

Enter new principal office address, if applicable: 100 Overlook Center

(Principal office address

MUST BE A STREET ADDRESS)

Suite 2099
Princeton, NJ 085401

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M123 00000541

3. Jurisdiction of its organization: _____

4. Date authorized to do business in Florida: April 17, 2023

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Title/ Capacity	Name	Address	Type of Action
X MBR/	Santhanakrishnan Srinivasan	100 Overlook Center Suite 2099 Princeton, NJ 08540	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

X MBR/	Ramandeep Singh Jais	100 Overlook Center Suite 2099 Princeton, NJ 08540	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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X MBR/	Srinivasan Vedantham	3250 Commerce Parkway Miramar, FL 33025	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Srinivasan Vedantham

Typed or printed name of signee

Filing Fee: \$25.00