

#L05000035542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

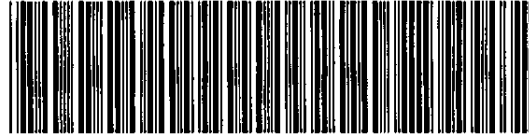
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

9

Office Use Only



600268552746

01/30/15--01027--006 \*\*52.50

FILED  
2015 FEB 19 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
FEB 20 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 9, 2015

NATURE'S PRODUCTS, INC.  
ANTHONY ROBINSON  
1301 SAWGRASS CORPORATE PKWY  
SUNRISE, FL 33323

SUBJECT: SOFGEN PHARMACEUTICALS LLC  
Ref. Number: L05000035542

We have received your document for SOFGEN PHARMACEUTICALS LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 215A00002646

2

RECEIVED  
15 FEB 19 AM 10:00  
BUREAU OF CORPORATIONS  
INFORMATION SERVICES

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: SOFGEN PHARMACEUTICALS LLC

DOCUMENT NUMBER: L05000035542

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony Robinson

Name of Contact Person

Nature's Products, Inc

Firm/ Company

1301 Sawgrass Corporate Parkway

Address

Sunrise, Florida 33323

City/ State and Zip Code

anthonyr@natures-products.com

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

For further information concerning this matter, please call:

Anthony Robinson

Name of Contact Person

at ( 954 ) 233-3300 x1235

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☒ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

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

**Street Address**

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Softgen Pharmaceuticals LLC

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

FILED  
2015 FEB 19 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on August 10, 2009 and assigned  
Florida document number LO5000035542.

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:

NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NA

(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:

NA

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

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>
<u>MGR</u>	<u>José Minski</u>	<u>1301 Sawgrass Corporate Parkway</u>	<input checked="" type="checkbox"/> Add
		<u>Sunrise, Florida 33323</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Tripod Holding, Inc.</u>	<u>Calle Mavedez No.10</u>	<input type="checkbox"/> Add
		<u>Edificio Banco Do Brasil</u>	<input checked="" type="checkbox"/> Remove
		<u>Panama, Republica de Panama</u>	
<u>MGR</u>	<u>Tripod Pharma Holdings LLC</u>	<u>1521 Concord Pike # 303</u>	<input checked="" type="checkbox"/> Add
		<u>Wilmington, DE 19803</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2015 FEB 19 PM 2:01  
CLERK OF SUPERIOR COURT  
ALBUQUERQUE, NEW MEXICO

FILED

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

---

---

---

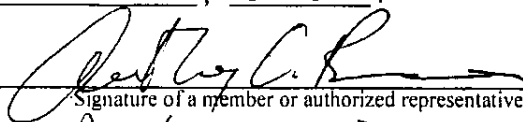
---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 February 16, 2015



Signature of a member or authorized representative of a member

ANTHONY G. ROBINSON

Typed or printed name of signee

FILED  
2015 FEB 19 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA