

LOG 00000 48717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

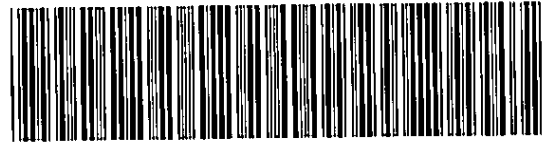
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Rosy Sultana
Advised to chg
titles to mgr for her
10/18/19 Abdul
Bhuiyan

Office Use Only



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FILED
2019 OCT 18 PM 1:43
CH-1 PG 61 1004102

Amend Name
chg

OCT 18 2019

1 ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Allay Pharmaceutical 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:

Rosy Sultana

Name of Person

Allay Pharmaceuticals, LLC

Firm/Company

16600 NW 54th Avenue, Unit # 23

Address

Miami Gardens, FL 33014

City/State and Zip Code

rsultana@allay.us

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

For further information concerning this matter, please call:

Rosy Sultana

954 3361136

at ()

Name of Person

Area Code

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2019

ROSY SULTANA
16600 NW 54TH AVE #23
MIAMI GARDENS, FL 33014

SUBJECT: ALLAY PHARMACEUTICAL, LLC
Ref. Number: L06000048717

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

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 019A00020563

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Allay Pharmaceutical LLC

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

FILED
2019 OCT 18 PM 1:43

The Articles of Organization for this Limited Liability Company were filed on May 02, 2006 and assigned
Florida document number L06000048717.

This amendment is submitted to amend the following:

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

Allay Pharmaceuticals, 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:

16600 NW 54th Avenue

(Principal office address MUST BE A STREET ADDRESS)

Unit # 23

Miami Gardens, FL 33014

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:

Rosy Sultana

New Registered Office Address:

16600 NW 54th Avenue, Unit 23

Enter Florida street address

Miami Gardens

City

Florida 33014

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change
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MGR	Rasyid Hana	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input checked="" type="checkbox"/> Change
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MGR	Abdul Bhu'yan	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input checked="" type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
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[illegible]

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

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.

Dated September 17, 2019

R. Sullana

Rosy Sultana

Filing Fee: \$25.00