

FROM (WED) OCT 2 2013 10: /ST 000 747 1
L09000036389

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

From: Account Name : DAVID TORCHIN, C.P.A., P.A.
Account Number : I19990000007
Phone : (954) 472-3124
Fax Number : (954) 323-6301

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: Kerry@twapea.com

RECEIVED
13 OCT -2 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SIEBEN PHARMA, LLC

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

OCT - 3 2013

FROM

(WED) OCT 2 2013 10:01/ST. 10:00/No. 8180061747 P 2

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

44-130002188203

Sieben Pharma, 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 04/15/2009 and assigned
Florida document number L09000036389

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

751 NE 83rd Terrace
APT 1
Miami FL 33138

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 608, 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

44-130002188203

FROM

(WED) OCT 2 2019 10:02/ST. 10:00/No. 8160081747 P 8

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

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	EGUIS	690 SW 1 ST CT	☒ Add
	Tellez-Corralles	APT 3518	☐ Remove
		Miami FL 33130	☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
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			☐ Add
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			☐ Remove

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TALLAHASSEE, FLORIDA

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FROM

(WED) OCT 2 2013 10:02/ST. 10:00/No. 9180061747 P 4

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

Dated

9/24/2013

Signature of a member or authorized representative of a member

Serge L Sieben

Typed or printed name of signer

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