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## **COVER LETTER**

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cup is	SHL PHAR	MA LLC			
SUBJEC	تا:	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub			
Please re	rturn all correspo	ndence concerning this matter	to the following:		
		JASON SUNDERMEIER	•		
			Name of Person		-
		SHE PHARMA LLC			
			Firm/Company		-
		588 JIM MORAN BLVD			2022 3EC
		···	Address		DEC LLJ
		DEERFIELD BEACH, FL	. 33442		2022 DEC -5 SEGRETARY
			City/State and Zip Code		
		JASON.SUNDERMEIER@	SHL-MEDICAL.COM  to be used for future annual repo	ort notification)	PH 3: 3 한동12 한동12
For furth	ner information c	oncerning this matter, please c		·	$\frac{m_{1}}{m} = \frac{\omega}{m}$
JASON	SUNDERMEIE	R	954 798-94 at ( )	134	
	Name o	f Person	Area Code I	Daytime Telephone Numbe	r
Enclosed	d is a check for th	ne following amount:			
\$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	d) Certified	ite of Status &
	Mailing Address Registration 5 Division of C	Section	Street Addr Registratio		
	DIVISION OF C	orporations	DIVISION	· Corporations	

P.O. Box 6327

Tallahassee, FL 32314

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

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

SHL PHARMA LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number L10000049690	ny were filed on MAY 7, 2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lie	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		DOZZ DEC
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		(β) = 2 (β) = 1 (β) =
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the n</u>	ame of the new-registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florada street address	
	. Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	n <u>t:</u>	
I hereby accept the appointment as registered agent and ag	gree 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>	Address	Type of Action
MGR	KIMBERLEE STEELE	588 JIM MORAN BLVD	<b>=</b> Add
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Effective date.	if other than the da	te of filing	g:					ional)		
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document's erre	ective date on the Depa	rument of 5	state s reco	ras.						
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