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T. CLINE
JAN 11 2011
EXAMINER

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	Cesso Th	nerapeutics, LLC.			
SUBJECT:		ited Liability Company			
	f Amendment and fee(s) are su				
		Jeffrey Green			
		Name of Person		_	
	- Ters	us Pharmaceuticals, L	LC		
		Firm/Company		_	
	59	966 Heisley Road #201	1		
		Address		-	
		Mentor, OH 44060		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	-
		City/State and Zip Code			- Manual Mary
•	jg	reen1226@gmail.com (to be used for future annual repo			March & Colombia
			rt notification)	ARY SSE	i .
For further information	concerning this matter, please of	call:			
J	effrey Green	at (216)	401-7840	A SEA	(
Name	of Person	Area Code &	Daytime Telephone Numbe	न पूर्व	
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 en	closed) Certified	ate of Status &	ed)
MAII	LING ADDRESS:	STREET/C	OURIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327. Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Cesso Therapeutics	, LLC		
(<u>Name of</u>	the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our r ompany)	ecords.)	
The Articles of Organization for thi	s Limited Liability Company were file	d on10/01	/2010	and assigned
Florida document numberL	.10000102654		•	
This amendment is submitted to am	end the following:			
A. If amending name, enter the r	ew name of the limited liability com	pany here:		
The new name must be distinguishable "L.L.C."	e and end with the words "Limited Liabili	ty Company," the de	signation "LLC	" or the abbreviation
Enter new principal offices addre	ss, if applicable:		<u>1</u>	
(Principal office address MUST B.	E A STREET ADDRESS)			
•				2 3150 TC
			3355	
Enter new mailing address, if app				
(Mailing address MAY BE A POS	<u> </u>		<u></u>	
			<u> </u>	· 45"
B. If amending the registered registered agent and/or the new r	agent and/or registered office addregistered office address here:	ess on our record	ls, <u>enter the</u>	name of the new
Name of New Registered	Agent:			
New Registered Office Ac	ldress:			·
		Enter Florida street address		
	City	,]	Florida	Zip Code
	City			np couc

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

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
MGMR	Jeffrey Green	Tersus Pharmaceuticals, LLC 5966 Heisley Road #201 Mentor OH 44060	Add Remove
MGMR	Timothy Gooding	4931 BONITA BAY BLD #2501 Bonita Springs, FL 34134	Add Remove
			Add Remove
			Add Remove
<u> </u>			Add Remove
			AddRemove
D. If amend	ing any other information, enter o	change(s) here: (Attach additional sheets, if necessar)	ZOII SEC
			JAN 10 AND 44 AHASSEE FLORIS

Page 2 of 2

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