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DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DEPARTMENT OF REVENUE
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TALLAHASSEE, FLORIDA

K SALY

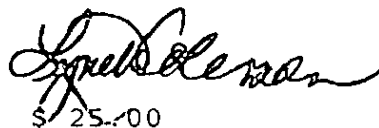
JUL 25 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 317832 7586875

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : July 24, 2018

ORDER TIME : 3:50 PM

ORDER NO. : 317832-010

CUSTOMER NO: 7586875

DOMESTIC AMENDMENT FILING

NAME: STRATFORD PHARMACEUTICALS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

XX PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stratford Pharmaceuticals, 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:

Kristi Gilbaugh

Name of Person

Eli Global, LLC

Firm/Company

2222 Sedwick Road

Address

Durham, NC 27713

City/State and Zip Code

kgilbaugh@eliglobal.com

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

For further information concerning this matter, please call:

Kristi Gilbaugh

919

205-4324

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

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

Stratford Pharmaceuticals, LLC

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

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The Articles of Organization for this Limited Liability Company were filed on October 6, 2011 and assigned
Florida document number 111000114990.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

2222 Sedwick Road

Durham, NC 27713

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 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> |
|--------------|------------------|------------------------|--|
| MGR | Greg E. Lindberg | 2222 Sedwick Road | <input checked="" type="checkbox"/> Add |
| | | Durham, NC 27713 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Brian T. Nugent | 630 Brooker Creek Blvd | <input type="checkbox"/> Add |
| | | Suite 340 | <input checked="" type="checkbox"/> Remove |
| | | Oldsmar, FL 34677 | <input type="checkbox"/> Change |
| AMBR | Greg E. Lindberg | 2222 Sedwick Road | <input checked="" type="checkbox"/> Add |
| | | Durham, NC 27713 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Stephen Watters | 630 Brooker Creek Blvd | <input type="checkbox"/> Add |
| | | Suite 340 | <input checked="" type="checkbox"/> Remove |
| | | Oldsmar, FL 34677 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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

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2017

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 24, 2018

Greg E. Liddle
Signature

Signature of a member or authorized representative of a member

Greg E. Lindberg

Typed or printed name of signee