## 11000124970

| (Re                     | equestor's Name)   |           |  |  |
|-------------------------|--------------------|-----------|--|--|
| (Ad                     | dress)             |           |  |  |
| (Ad                     | dress)             |           |  |  |
| (Cit                    | ty/State/Zip/Phone | e #)      |  |  |
| PICK-UP                 | _                  | MAIL      |  |  |
| (Bu                     | siness Entity Nan  | ne)       |  |  |
| (Document Number)       |                    |           |  |  |
| Certified Copies        | _ Certificates     | of Status |  |  |
| Special Instructions to | Filing Officer:    |           |  |  |
|                         |                    |           |  |  |
|                         | •                  |           |  |  |
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|                         |                    |           |  |  |

Office Use Only

B. KOHR
NOV 2 8 2011
EXAMINER



100214337261

20 II NOV 23 PK 4: 16



ACCOUNT NO. : 12000000195 REFERENCE: 991219 AUTHORIZATION : COST LIMIT :  $$25.0\overline{0}$ ORDER DATE: November 23, 2011 ORDER TIME : 3:32 PM ORDER NO. : 991219-005 CUSTOMER NO: 7857456 DOMESTIC AMENDMENT FILING NAME: PROPHYLAXIS, 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

EXAMINER'S INITIALS:

CONTACT PERSON: Becky Peirce -- EXT# 2919

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| THE STATE OF | \$ \$ \$  |
|--------------|-----------|
| 23           | RA OFFICE |
| 7,           | 6.13      |

|  | ROPHYLAXIS LLC   |  |
|--|--|--|
| ( <u>Name of the Limited Liabi</u><br>(A Florid  | lity Company as it now appears on<br>la Limited Liability Company) | our records.)                            |
| The Articles of Organization for this Limited Liability  | Company were filed on $11/02/20$                                   | and assigned                             |
| Florida document number <u>L11000124970</u>  |  |  |
| This amendment is submitted to amend the following:  |  |  |
| A. If amending name, <u>enter the new name of the li</u>   | mited liability company here:                                      |  |
| The new name must be distinguishable and end with the v<br>"L.L.C."                                    | vords "Limited Liability Company," t                               | he designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable:  |  |  |
| (Principal office address MUST BE A STREET ADI   | DRESS)   |  |
|  | <del> </del>   | 1.00                                     |
| Enter new mailing address, if applicable:  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |  |
|  |  |  |
| B. If amending the registered agent and/or reg<br>registered agent and/or the new registered office ad |  | ecords, enter the name of the new        |
| Name of New Registered Agent:  |  |  |
| New Registered Office Address:   |  |  |
|  | (Enter Florida street address)                                     |  |
|  | (City)   | , Florida(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)

DocuSign Envelope ID: 9B108DC4-69A5-41EF-AC3F-5F91B9E42124

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

| Title     | <u>Name</u>                           | Address   | Type of Action |
|-----------|---------------------------------------|---|----------------|
| MGRM      | Jason A Stephens                      | 195 Red Bud Lane  | ⊠ Add          |
|           |                                       | Seacrest Beach, FL 32413                                  | Remove         |
| MGRM      | Jason A Scott                         | 2529 Joan Ave #119  | □ Add          |
|           |                                       | Panama City, FL 32408                                     | ⊠ Remove       |
|           |                                       |   | D Add          |
|           |                                       |   | C Remove       |
|           |                                       |   | Add            |
|           | •                                     |   | □ Remove<br>   |
|           |                                       | · · · · · · · · · · · · · · · · · · ·                     | □ Add          |
|           |                                       |   | C Remove       |
|           |                                       |   |                |
|           |                                       |   | □ Remove<br>   |
| D. If ame | nding any other information, enter    | change(s) here: (Attach additional sheets, if necessary.) |                |
| _         |                                       |   | <del></del>    |
| _         |                                       |   | <del></del>    |
|           |                                       |   | _              |
| _         |                                       |   | <del></del>    |
| Dated     | 11/22/2011 ,                          | ·   |                |
|           | Chris Arnald                          |   |                |
|           | Christopher M. Arnold                 | nember or authorized representative of a member           |                |
|           | · · · · · · · · · · · · · · · · · · · | Typed or printed name of signee                           |                |

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Filing Fee: \$25.00