

09/26/2014 15:37 FAX 94174-2093

BLALOCK WALTERS

001004

9/26/2014

Division of Corporations

Florida Department of State  
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LLC AMND/RESTATE/CORRECT OR M/MG RESI  
PHARMETRICS SPECIALTY GROUP, LLC

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F. Burch SEP 26 2014

H1406002268083

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Pharmetrics Specialty Group, 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 11/15/2012 and assigned Florida document number L12000144573.

**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 "L.L.C."

**Euter 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)

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**

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGRM	Dean Pedalino	11880 28th Street N. Suite 205	<input type="checkbox"/> Add
		St. Petersburg, FL 33716	<input checked="" type="checkbox"/> Remove
MGRM	Peter Day	6447 NW 55th St	<input type="checkbox"/> Add
		Coral Springs, FL 33716	<input checked="" type="checkbox"/> Remove
MGR	Pharmetree Specialty Group Management, LLC	11880 28th Street N. Suite 100	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33716	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 26, 2014

Robert J. Cimorelli  
Signature of a member or authorized representative of a member

Robert J. Cimorelli  
Typed or printed name of signer

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