

JUL-27-2016 WED 10:09 AM

FAX NO.

P. 01

Division of Corporations

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**43000027796**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : BERGER-SINGERMAN-LLP-MIAMI  
Account Number : I20090000006  
Phone : (305) 755-9500  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ROEHR PHARMACEUTICALS LLC**

Certificate of Status	0
Certified Copy	1
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JUL 28 2016

S. YOUNG

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Corporate Filing Menu

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

ROEHR PHARMACEUTICALS 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 02/21/2013 and assigned  
Florida document number L13000027796

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) \_\_\_\_\_

**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: NRAI Services, Inc.

New Registered Office Address: 1200 South Pine Island Road

Enter Florida street address

Plantation, Florida 33324

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.*

/s/ Katie Wansch, Assistant Secretary

If Changing Registered Agent, Signature of New Registered Agent

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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

Title	Name	Address	Type of Action
AMBR	Eighty West Investments, LLC	101 NE Third Avenue, 1500	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BioGenerics Hong Kong	Suite 1504 Hing Yip Commercial Centre	<input checked="" type="checkbox"/> Add
		272 Des Voex Road	<input type="checkbox"/> Remove
		Hong Kong	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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.)**

*[The page contains horizontal ruling lines.]*

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Dated July 27 2016

W. 

Signature of a member or authorized representative of a member

WOLFGANG ROSE

Typed or printed name of signer