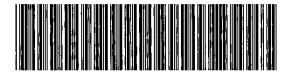
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COVER LETTER

TO: Registration Se Division of Cor	ection porations					
OMEGA V	VONDERS, LLC					
	Name of Lim	ited Liability Company				
	Amendment and fee(s) are sub					
Please return all correspo	ondence concerning this matter	to the following:				
	BRIAN A. SEIFERT			TAT Sec	5	
		Name of Person			5 ka 1/1 Jag	FILE
		Firm/Company			_5 	įT C
i.	5966 Heisley Road, Ste. 20	01		と記る	လ် <u>၊</u> 3€	_
		Address		- 5FFF	21	
•	Mentor, OH 44060					
	brians@nms-cpa.com	City/State and Zip Code		_		
	E-mail address: (to be used for future annual report notif	ication)		٠	
For further information of	oncerning this matter, please ca	all:				
Brian A. Seifert		440 510-1912 at ()				
Name o	f Person		Telephone Number	er		
Enclosed is a check for the	ne following amount:					
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	cate of Stat		
MAIL	ING ADDRESS:	STREET/COURI	ER 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 ARTICLES OF ORGANIZATION **OF**

OMEGA	WONDERS,	LI.	C

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

The Articles of Organization for this Limited Liab	ility Company v	• • •	and assigned
Florida document number L13000058694			, and dossigned
This amendment is submitted to amend the follow	ing:		15 SECI
A. If amending name, enter the new name of the		_	EC IL
The new name must be distinguishable and contain the word	ls "Limited Liabilit	y Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab		Brian A. Seifert	<u> </u>
(Principal office address MUST BE A STREET.	ADDRESS)	5966 Heisley Road, Ste. 201	省 2
•		Mentor, OH 44060	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	221	Brian A. Seifert 5966 Heisley Road, Ste. 201	
(Mailing address MAY BE A POST OFFICE BO	<u>/A/</u>	Mentor, OH 44060	
B. If amending the registered agent and/or registered agent and/or the new registered office			ds, enter the name of the new
Name of New Registered Agent:	Brian A. Seifert		
New Registered Office Address:	The Brooks Executive Suites, Ste. 362, 9990 Coconut Road		
	Enter Florida street address		ress
	Bonita Springs	, I	Florida 34135
		City	Zip Code
New Registered Agent's Signature, if changing Reg	istered 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>	Address	Type of Action
AMBR	Kingsley Charles	301 W. Platt Street, Suite 346	
		Tampa, FL 33606	Remove
			Change
MGR	Brian A. Seifert	5966 Heisley Road, Ste. 201	
,		Mentor, OH 44060	7. SE 35
			Remove
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n effective da	te is listed, the date must be spe ate inserted in this block do	cific and cannot be prior	r to date of filing or mo	re than 90 days after	filing.) Pursuant to 605.02
	fective date on the Departme			requirements, this	date will not be listed
	ecifies a delayed effect		ot an effective ti	me, at 12:01 a	i.m. on the earlier
ne 90th (day after the record is	mea.			
ted	December 3	2015			
			·		
		4			
	Signati	ire of a member of auth	orized representative of	f a member	

Page 3 of 3

Filing Fee: \$25.00



December 3, 2015

Department of State
Division of Corporations – Corporate Filings
P. O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find the completed form "Articles of Amendment to Articles of Organization" and the corresponding (5) individual filing fees for the following:

	Name	Doc#	
1	Tersus Nutraceuticals, LLC	L13000058704	
2	Tersus Pharmaceuticals, LLC	L13000058673	≥% 5 1
3	Tersus Animal Health, LLC	L14000168389	
4	Omega Wonders, LLC	L13000058694	表現のコ
5	Osmolis Theraputics, LLC	L14000090830	

Please do not hesitate to contact Brian Seifert (440-510-1912) or myself (Cathy 440-510-1905) if you should have any questions or concerns. Thank you in advance for your attention that water.

Sincerely,

Cathy Rakovan

Assistant to Brian Seifert

CHARDON OFFICE	MENTOR OFFICE	MADISON OFFICE	TWINSBURG OFFICE
121 South Street	5966 Heisley Road, Ste. 201	38 West Main Street	88880 Darrow Road
Chardon, OH 44024	Mentor, OH 44060	Madison, OH 44057	P. O. Box 470
(440) 510-1900 Phone	(440) 510-1900 Phone	(440) 510-1900 Phone	Twinsburg, OH 44087
(888) 942-8111 Toll Free	(440) 352-9314 Fax	(440) 428-1885 Fax	(330) 425-4422 Phone
(440) 286-4300 Fax			(330) 425-8422 Fax