

09/26/2014 15:33 FAX 0417-62093

9/28/2014

BLALOCK WALTERS

Division of Corporations

001/004

L13000084434

Florida Department of State
Division of Corporations
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Email Address: epennington@blalockwalters.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PHARMETRICS SPECIALTY GROUP MANAGEMENT**

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H1460002267983

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

Pharmetrics Specialty Group Management, 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 6/11/2013 and assigned Florida document number L13000084434

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."

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: _____

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>
MGR	Dean Pedalino	2288 Heron Circle Clearwater, FL 33762	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Peter Day	6447 NW 55th St Coral Springs, FL 33716	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Jacob Michel	400 S. Willow Ave Unit C Tampa, FL 33606	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	John Eades	76 Aultman Road Sumrall, MS 39482	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Robert Cimorelli	11880 28th Street N. Suite 100 St. Petersburg, FL 33716	<input checked="" 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 26th, 2014

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

Robert J. Cimarelli
Typed or printed name of signee

2014 SEP 26 AM 10:00
FLORIDA DEPARTMENT OF STATE

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