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L13000084434

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6381

From:
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Account Number : 076666093611
Phone : (941)748-0100
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: EPennington@blalockwalters.com

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

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TALLAHASSEE, FLORIDA

MAY 01 2015

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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 06/11/2013 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*

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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

Title	Name	Address	Type of Action
MGR	Robert Cimorelli	11880 28th Street N., Suite 100 St. Petersburg, FL 33716	☐ Add ■ Remove
MGR	Marc L. Kerlin	11880 28th Street N., Suite 100 St. Petersburg, FL 33716	■ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ 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 April 29 2015

Signature of a member or authorized representative of a member

Marc L. Kerlin

Typed or printed name of signee

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