

L14000192807

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)627-6383

From: Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I2001000078
Phone : (407)843-8880
Fax Number : (407)244-5690

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: maxwell.mluch@gray-robinson.com

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AS. IS. PHARMACEUTICALS, LLC

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K. SALY

JUL 31 2017

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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JUL 28 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2017
(((H17000198077 3)))

AS IS 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 12/18/2014 and assigned
Florida document number L14000192807

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AS IS PHARMACEUTICALS, LLC

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: GRAYROBINSON, PA

New Registered Office Address: 720 SW 2ND AVE, SUITE 106

Enter Florida street address

Gainesville, Florida 32601
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

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Change

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