L14000190503

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000313751 3)))

H17000313751 3ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.
Account Number : 076666002140
Phone : (727)461-1818
Fax Number : (727)441-8617

2017 NOV 30 AM 10:33

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

Email Address: JOER@JPFIRM.COM 813-501-3574

2017 NOV 30 PM 1:21

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TRINITY PHARMA GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	$25.00

Electronic Filing Menu Corporate Filing Menu Help

DEC 01 2017
J. HARRIS

(((H17000313751 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRINITY PHARMA GROUP, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH RUGG
Name of Person

JOHNSON POPE BOKOR RUPPEL BURNS LLP
Firm/Company

401 EAST JACKSON STREET, SUITE 3100
Address

TAMPA, FLORIDA 33602
City/State and Zip Code

JOER@JPFIRM.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH RUGG at (813) 501-3574
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ $25.00 Filing Fee
- ☐ $30.00 Filing Fee & Certificate of Status
- ☐ $55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ☐ $60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(((H17000313751 3)))

(((H17000313751 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRINITY PHARMA GROUP, 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 12/30/2014 and assigned Florida document number L14000196503.

This amendment is submitted to amend the following:

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

PREMIER PHARMA GROUP, 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: N/A
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A
(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: KRUTIKA PATEL

New Registered Office Address: 19103 AVENUE BAYONNES
Enter Florida street address

LUTZ, Florida 33558
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

2017 NOV 30 AM 10:32

(((H17000313751 3)))

(((H17000313751 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (NO CHANGE)

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

(((H17000313751 3)))

2017 NOV 30 AM 10:35

{{{H17000313751 3}}}

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: ______________________ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated November 30, 2017

[signature]
Signature of a member or authorized representative of a member

JOSEPH RUGG, AUTHORIZED PERSON
Typed or printed name of signee

Filing Fee: $25.00

2017 NOV 30 AM 10: 36

FILED

{{{H17000313751 3}}}