

L15 000 004 924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

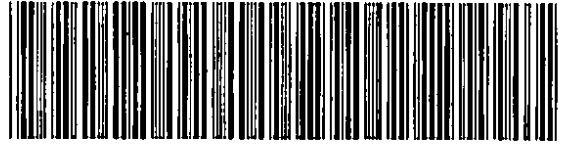
(Business Entity Name)

(Document Number)

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10/10/22 10:10:48

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# COVER LETTER

TO: , Registration Section  
Division of Corporations

PHARMA INTERNATIONAL GROUP, LLC

SUBJECT: \_\_\_\_\_  
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:

MAXIMILLIANO RAMIREZ

\_\_\_\_\_  
Name of Person  
PHARMA INTERNATIONAL GROUP, LLC

\_\_\_\_\_  
Firm/Company  
22739 SW 92ND CT

\_\_\_\_\_  
Address  
CUTLER BAY, FL 33190

\_\_\_\_\_  
City/State and Zip Code  
PHARMAGROUPLLC@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAXIMILLIANO RAMIREZ 305 3226556

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

22 SEP - 7 AM 10:49  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32303

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

PHARMA INTERNATIONAL 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 01/09/2015 and assigned  
Florida document number L15000004924.

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 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)

22739 SW 92ND CT

CUTLER BAY, FL 33190

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

22739 SW 92ND CT

CUTLER BAY, FL 33190

**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:

MAXIMILIANO RAMIREZ

New Registered Office Address:

22739 SW 92ND CT

*Enter Florida street address*

CUTLER BAY

*City*

Florida 33190

*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

**MGR = Manager**  
**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MAXIMILIANO RAMIREZ	22739 SW 92ND CT	<input checked="" type="checkbox"/> Add
		CUTLER BAY, FL 33190	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(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)

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.

AUGUST 8 2022

Dated \_\_\_\_\_, \_\_\_\_\_.

Signature of a member or authorized representative of a member

MAXIMILIANO RAMIREZ RAMIREZ - AMBR

Typed or printed name of signee