

L15000018741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

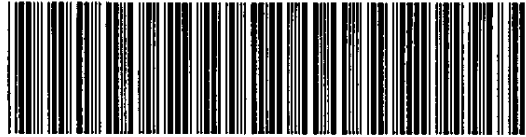
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700271803667

04/17/15--01016--022 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 APR 17 PM 5:52

FILED

APR 28 2015  
J. HARRIS



OFFICE MIDTOWN PLACE AZA | 1350 PEACHTREE STREET | SUITE 1050 | ATLANTA, GEORGIA 30309 | P: 404.351.5280 | F: 404.351.5281 | WWW.SIYAGELAW.COM

April 16, 2015

Florida Department of State  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**VIA FEDEX OVERNIGHT MAIL**

**SUBJECT: Articles of Amendment – Surterra Pharmaceuticals FL, LLC**

To Whom It May Concern:

Enclosed are the articles of amendment for Surterra Pharmaceuticals FL, LLC. I have also enclosed a check for \$25 for the filing fee. Enclosed for your convenience is a pre-addressed FedEx label/envelope to return evidence of the filing to me.

Should you have any questions, please do not hesitate to contact me at (404) 537-4336.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Kara Williamson', written in a cursive style.

Kara Williamson

Enclosures:

1. Articles of Amendment
2. Check for filing fee
3. Pre-addressed, postage-page FedEx envelope

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Surterra Pharmaceuticals FL, 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:

**Kara Williamson**  
\_\_\_\_\_  
Name of Person

**Siavage Law Group, LLC**  
\_\_\_\_\_  
Firm/Company

**1360 Peachtree Street, Suite 1050**  
\_\_\_\_\_  
Address

**Atlanta, Georgia 30309**  
\_\_\_\_\_  
City/State and Zip Code

**kwilliamson@siavagelaw.com**  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Kara Williamson** at ( **404** ) **351-5280**  
\_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

SURTERRA PHARMACEUTICALS FL, 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 1/30/2015 and assigned Florida document number L15000018741.

This amendment is submitted to amend the following:

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

Surterra Florida, LLC

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:**

2601 Capital Medical Boulevard

**(Principal office address MUST BE A STREET ADDRESS)**

Tallahassee, FL 32308

**Enter new mailing address, if applicable:**

2601 Capital Medical Boulevard

**(Mailing address MAY BE A POST OFFICE BOX)**

Tallahassee, FL 32308

FILED  
2015 APR 17 PM 5:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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**

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	Alex Havenick	2601 Capital Medical Boulevard	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32308	<input type="checkbox"/> Remove
MGR	Daniel Simon	2601 Capital Medical Boulevard	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32308	<input type="checkbox"/> Remove
MGR	Adam Cohen	2601 Capital Medical Boulevard	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32308	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2015 APR 17 PM 3:52  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED

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

---

---

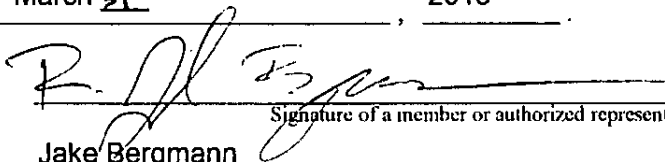
---

---

---

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 March 31, 2015



Signature of a member or authorized representative of a member

Jake Bergmann

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

2015 APR 17 PM 5:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED