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## **COVER LETTER**

TO:

**Registration Section** 

Div	ision of Cor	porations		
CIDIFOT.	EquitasBio	/PharmaSolutions,LLC		
SUBJECT:		Name of Lim	ited Liability Company	
			_	
	,	-		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
	sed Articles of Amendment and fee(s)  urn all correspondence concerning thi  JackD. Love  EquitasBio/Phare  4111W. InmanAv  Tampa,FL 33609  jack.love@equitasE-mail a E-mail a r information concerning this matter,  Name of Person  is a check for the following amount:  0 Filing Fee  \$30.00 Filing Fe	EquitasBio/PharmaSoluti		
			Firm/Company	
		4111W. InmanAvenue		
			Address	
		Tampa,FL 33609		
			City/State and Zip Code	
		jack.love@equitasbiopha	rma.com to be used for future annual report notifi	(antion)
For further in	nformation co		·	canony
JackLove			845 536-3217	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)
	Registr Divisio P.O. Bo	ation Section n of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n utions nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EquitasBio/PharmaSolutions,LLC					
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)				
The Articles of Organization for this Limited Liability Company Florida document number L15000067494	and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company here:				
The new name must be distinguishable and contain the words "Limited Liability and Contain the words".	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		SEC. 781			
		APR			
		ASS ASS			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new			
Name of New Registered Agent:		····			
New Registered Office Address:					
	Enter Florida street address				
	, Flori	da			
	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office.	performance of my duties, and rovided for in Chapter 605, F.,	I am familiar with and S. Or, if this document is			

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>	Type of Action
AMBR	BruceD Forrest	135 Piermont Avenue,	□ Add
		South Nyack, NY 10960	Remove
			Change
AMBR	ValanusCorporation	135 Piermont Avenue	
		South Nyack, NY 10960	Remove
			Change
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			Add
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an ei lote:	April 1, 2018 (optional)  ffective 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 a lift the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be I ment's effective date on the Department of State's records.	605.0207 isted as	(3)( the
e re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early 90th day after the record is filed.	rlier of	:
ated	March 3/ 2018		
	O. M. Lux		
	Signature of a member or authorized representative of a member		
	Jack Dhove		

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Filing Fee: \$25.00