

L15000165018

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PL Guffey OCT 28 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Remeny Pharmaceuticals 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:

Luis Sierraalta
Name of Person

Firm/Company

8390 SW 72 Ave Unit 104
Address

Miami FL 33143
City/State and Zip Code

mvilasuso@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Vilasuso at (786) 295-9240
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2015 OCT 27 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Remeny 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 9/29/2015 and assigned Florida document number L15000165018.

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)

8390 SW 72 Ave Unit 104
Miami FL 33143

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:

Luis Sierra Itz

New Registered Office Address:

8390 SW 72 Ave Unit 104

Enter Florida street address

Miami

City

Florida

33143

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.

Luis A Sierra Itz

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>
<u>RA.</u>	<u>Alexander F Calzadilla</u>	<u>765 Grandon Blvd PH 12</u>	<input type="checkbox"/> Add
		<u>Key Biscayne Fl 33149</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>Luis Sierraalta</u>	<u>8390 SW 72 Ave Unit 104</u>	<input checked="" type="checkbox"/> Add
		<u>Miami FL 33143</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>Vice</u>	<u>Augusto A. Calzadilla</u>	<u>11227 NW 73 terr.</u>	<input checked="" type="checkbox"/> Add
		<u>Miami FL 33178</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>Sec</u>	<u>Andres Gomez</u>	<u>15600 SW 86 Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Miami FL 33157</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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

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2015 OCT 27 AM 11:08
STATE TAYLOR OF STATE
TALLAHASSEE, FLORIDA

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 65.0207 (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 Oct 23, 2015

Luis A. Sierraalta
Signature of a member or authorized representative of a member

Luis Sierraalta
Typed or printed name of signee