L15000165018

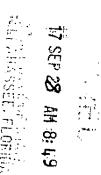
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Special Instructions to	Filing Officer:	
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 20, 2017

LUIS SIERRAALTA 8390 SW 72 AVE UNIT 104 MIAMI, FL 33143

SUBJECT: REMENY PHARMACEUTICALS LLC

Ref. Number: L15000165018

We have received your document for REMENY PHARMACEUTICALS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 217A00014742

ON SEE TO ONBY

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zemeny	Pharmace	uticals LL	C		
(Name of the Limite		ny as it now appears (liability Company)	on our records.)		
The Articles of Organization for this Limited Liz	ability Company	were filed on	9/29/201	5 and assi	igned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company here	2:		
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the desi	ignation "LLC" or the a	abbreviation "L.	L.C."
Enter new principal offices address, if applicable:		8390 5	N 72 Ave	2 Unit	104
(Principal office address MUST BE A STREET	<u>(ADDRESS)</u>	MIAMI	1- 3:	5143	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE L	<u>BOX)</u>		•		<u>-</u> .
B. If amending the registered agent and/oregistered agent and/or the new registered of	or registered of ice address here	fice address on o	our records, <u>ente</u>	r the name	ف
Name of New Registered Agent:		ierraalta	1	2	
New Registered Office Address:	8390	SW 72 A Enter Florid	ve Unit	104 5	>
	Miam	City	Florida _	33 14 Ziv Code	3
		:			

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 Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = '	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Manager	Andres Eduado bomez	6989 NW 82AV	
,		Miani, FL 33166	Remove
			Change
Manager	Luis Sierraalta	8390 SW 72 Ave	Add
·		Unit 104	□ Remove
		Miami FL 33143	Change
		·	Remare SS: Do Change
			5646
			□ Remove
			Change
			□ Remove
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•				
D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary)		
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E. Effec	etive date, if other than the date of filing: (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.)	D	(A£ 03)	37 / 3 / (L)
Note	If the date inserted in this block does not meet the applicable statutory filing requirements, this date			
docu	ment's effective date on the Department of State's records.			
7£ a	and a series as the series of affirmation date, both as hard affirmation that a series of 13.01 of		ر محالت	.e.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of e 90th day after the record is filed.	m the ea	arner	JI;
Dated	a July 13 . 2017.			
	(COM)			
	Signature of a member or authorized representative of a member		_	
	Luis Sierraalta			
	11/15 DIETYOU TO			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00