

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150002697193)))



H150002697193ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your proviser from this page. Doing so will generate another cover sheet.

سرادو والمساور الرقوة فعها والأدار والمعطنية والمورد والمار والمراوي والمارات

To:

Division of Corporations

Fax. Number

: (850) 617~6383

Propin

Account Name : FRANK, WEINBERS, BLACK, P.L.

Account Number : 120040000083 Phone : (954):474~8000

Fax Number : (954)474~8000

Enter the email address for this business entity to be used for future aroust report mailings. Enter only one shall address please.

Emmil Address:

Kmoro@fwblaw.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COMPLETE PHARMACEUTICS LABOATORY, LLC

Certificate of Status	0
Certified Copy	Ü
Page Count	01
Estimated Charge	\$25.00

PECEIVED 15 NOV 12 AM 10: 08 SECRETARY OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

J. HARRIS

H15000269719 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION* OF

COMPLETE PHARMACEUTICS L					
(Name of the Limited Liability Company as it no (A Floride Limited Liability Co.	ombany) om appours on	our records.)			
The Articles of Organization for this Limited Liability Company were file	≆q ou ———	10/26/2015	and ess	igned	
Florida document number Lt 5000181990					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited limbility com	pany here:				
COMPLETE PHARMACEUTIC	CS LABORA	TORY, LLC			
The new name must be distinguishable and contain the words "Limited Liability Compa	my, " the design	pation "LLC" or the e	bbreviation "L.	L.C.	
Enter new principal offices address, if applicable:				<u>~=</u>	<u>. </u>
(Principal office address MUST BE A STREET ADDRESS)				3	CINETAL .
			か.3. 二.0.	3	
			52		CONTRACT.
Enter new mailing address, if applicable:				\mathcal{N}	į
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·		<u> </u>	
1000 000 1000 000 1000 1000 1000 1000			<u> </u>	တ္	_ , .
			<u> </u>	en en	
B. If amending the registered agent and/or registered office add registered agent and/or the new registered office address here:	lress on ou	r records, <u>enter</u>	the name		new
Name of New Registered Agent:					 .
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·			
	Enter Florida s	treci address			
	Fjorida				
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 cape	acity. I further as	ree to comp	ly with	i the

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 Apout

Page 1 of 3

H15000269719 3

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 Title <u>Name</u> <u>Address</u> Type of Action □ Add ☐ Remove [] Change 🗖 Řemove _□ Change bbA □ ☐ Romove ☐ Change □ Add Remove-☐ Change 2 1881 1881 □Ādd. 円の _□ Remove Co Change D Add □ Remove

> Page 2 of 3 H15000269719 3

☐ Change

H15000269719 3

			
			
			•
			<u> </u>
Note: If the date inserted in this blow document's effective date on the Dep	effective date, but not an effective t	g requirements, this date will not	he Histed as the
Dated November 10	2 2015	:	٠
Janu May	Signature of a member or authorized representative	of s member	weet++++
LEANNE WAGNER, AI	•	5	2015 NOV
	-3,4	***	ec_ mana
		جز ن ه:	p==
	Page 3 of 3 Filing Fee: \$25,00)> () (n) (m) (m)	p==

al di rese, a wesse, emi prese la la la la la subjectiva e la la la la la la subjectiva della della subjectiva

11/11/2015 2:03 PM FROM: Fax Frank, Weinberg _Black, P.L. TO: 1-850-617-6383 PAGE: 001 OF 005

Page 1 of 1

Attached please find an Amendment to the Articles of Organization for Complete Pharmaceutics Laboatory, LLC which will correct the mis-spelling of the word "Laboatory". As the Articles of Organization were filed on October 26, 2015, we would respectfully ask that the effective date of this Amendment correcting the name to "Laboratory" be October 26, 2015.

Thank you

Steven A. Weinberg Frank, Weinberg & Black, P.L. 7805 SW 6 Court Plantation, FI 33324 (954) 474-8000