

L16000133943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SEP 19 PM 2:56
STATE
TALLAHASSEE

SEP 22 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FirstOTC.com

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:

gregory brondou

Name of Person

FirstOTC.com

Firm/Company

1809 South Powerline Road Suite #101

Address

Deerfield Beach, FL 33442

City/State and Zip Code

greg.brondou@trifecta-pharma.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

greg brondou

954
at ()
Area Code

623 7772

Daytime Telephone Number

Name of Person

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**

FirstOTC.com

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 07/15/2016 and assigned
Florida document number L16000133943.

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)

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:

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 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	Name	Address	Type of Action
AMBR	NARENDRAKUMAR, JWALANT	1809 SOUTH POWERLINE ROAD unit 101 Deerfield Beach FL 33442	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Jwalant Patel	1809 SOUTH POWERLINE ROAD unit 101 Deerfield Beach FL 33442	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	PORAVINKUMAR, NISHANT	Power LINE ROAD UNIT 101 DEERFIELD Beach FL, 33442	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	NISHANT VYAS	PowerLINE ROAD UNIT 101 DEERFIELD Beach 33442	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

16 SEP 16 PM 5:56
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 09-16-2016 BY 60322
UCBA

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

The addresses are staying the same: 1809 POWERLINE ROAD UNIT 101 DEERFIELD BEACH, FL 33442

THE NAMES ARE CHANGING:

NARENDRAKUMAR, JWALANT (CHANGED TO) JWALANT PATEL

PORAVINKUMAR, NISHANT (CHANGED TO) NISHANT VYAS

E. Effective date, if other than the date of filing: _____ **(optional)**

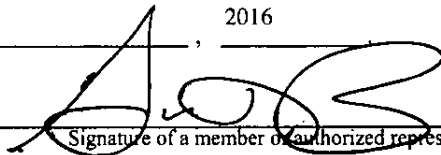
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 SEPTEMBER 14, 2016



Signature of a member or authorized representative of a member

GREGORY THOMAS BRONDOU

Typed or printed name of signee

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
16 SEP 19 PM 2:55