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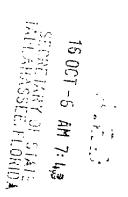
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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: OJestal Jovestments 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: |
| SHALL SHALBI OJESTA |
| C/O YOUNG & Associates Firm/Company 8001 N. Dale Mabry HWY#401 B Address |
| 8001 N. Dale Mabry HWY#401 B |
| City/State and Zip Code Lucy Young Pa a Comail · com E-mail address: (to be used for further annual report notification) |
| E-mail address: (to be used for further annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person at (813) 352 - 7/69 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Scrifficate of Status Stat |

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

| (Name of the Limited Liability Compar (A Florida Limited L | y as it now appears on our records.) iability Company) | <u>.</u> <u>C</u> |
|---|--|---------------------------|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L16000177925</u> . | were filed on $9/29/20$ | 16 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the limited liabi</u> | llity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabili | ity 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 of registered agent and/or the new registered office address here | | nter the name of the new |
| Name of New Registered Agent: | NA | 16 0CT |
| New Registered Office Address: | Enter Florida street address | <u> </u> |
| | , Floric | la To |
| New Registered Agent's Signature, if changing Registered Agent: | City | Zip Code |
| iven registeren Agent 3 Signature, ii enanging registeren Agent. | | , 6 |

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 8001 N DALE MABRY HWY XAdd # 401 PRem WestPharma USA, Corp. WESTPHARMA USA, CORP. MGRM □ Add □ Remove □ Change ☐ Add □ Remove ☐ Change □ Add ☐ Remove □ Change

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| Sective date, if other than the date of filing: or effective date is listed, the date must be specific and cannot be prior to date of filing te: If the date inserted in this block does not meet the applicable statutory cument's effective date on the Department of State's records. | |
| record specifies a delayed effective date, but not an effecti The 90th day after the record is filed. | ve time, at 12:01 a.m. on the earlie |
| ned October 4, 2016. | · ~ ~ |
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Page 3 of 3

Filing Fee: \$25.00