# L16000226288

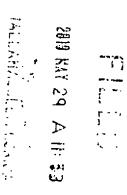
| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | Idress)            |           |
| (Ac                     | ldress)            |           |
| (Cit                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | usiness Entity Nan | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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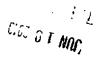
Office Use Only



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US/29/19--01036--031 \*\*25.00





## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: ADEIYON PHOYMACEUTICAL 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:  |
| Fabio Lanzieri<br>Name of Person   |
| Apellon Pharmaceutical UC Firm/Company   |
| 13611 S. DIXIC HIGHWAY   |
| City/State and Zip Code  fb   NZ   Yahoo. Com  r-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:   |
| FADIO LAN ZILVI at (132) 778 - 0728  Name of Person Area Code Daytime Telephone Number   |
| Enclosed is a check for the following amount:  |
| S25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S55.00 Filing Fee & 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

| Aneiron Pharm   | acentical LLC   | the same                                    |
|---|---|---|
| (Name of the Limited Li<br>(A F)  | ability Company as it now appears on orida Limited Liability Company) | our records.) 2919 KAY 29 A 11: \$3         |
| The Articles of Organization for this Limited Liabili<br>Florida document number <u>LNCOO22428</u>  | ty Company were filed on 12   | 14 2016, and assigned                       |
| This amendment is submitted to amend the followin   | g:  |   |
| A. If amending name, enter the new name of the  | limited liability company here:                                       |   |
| The new name must be distinguishable and contain the words.  Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A) | :   | ation "L.L.C" or the abbreviation "L.L.C."  |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BOX  | <u> </u>  |   |
| B. If amending the registered agent and/or rregistered agent and/or the new registered office   | 0   | r records, <u>enter the name of the new</u> |
| Name of New Registered Agent:   | •   |   |
| New Registered Office Address:  | Enter Florada s   | treet address                               |
| _   |   | . Florida Zip Code                          |
|   | 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

| <u>Title</u> | Name                 | Address                   | Type of Action |
|--------------|----------------------|---------------------------|----------------|
| AMBR         | Mirtha Fonte-Okunski | 13611 South DIXIC HIGHWAY | D Add          |
| secretary    |                      | # 401                     | Remove         |
|              |                      | MIAMILIFL 33176           | □ Change       |
|              | <del></del>          |                           | □ Add          |
|              |                      |                           | □ Remove       |
|              |                      |                           | ☐ Change       |
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|              |                      | <del></del>               | □ Remove       |
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| an effecti<br>lote: If t | date, if other than the date of filing: 52020 (optional) we 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a seffective date on the Department of State's records. |
|                          |  |
| e recor<br>The 90        | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:<br>th day after the record is filed.   |
| The 90                   | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed. $\frac{May 29}{29} = \frac{2019}{2019}$  |
| The 90                   | Ith day after the record is filed.   |

Page 3 of 3

Filing Fee: \$25.00