

L17000077316

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

129358

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To:

Division of Corporations
Fax Number : (850) 617-6383

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Account Name : CORP USA
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FLORIDA

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
QALYS PHARMA LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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| Page Count | 04 |
| Estimated Charge | \$25.00 |

S. WARREN

AUG 18 2017

8/14/2017

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August 15, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

QALYS PHARMA LLC
1000 5TH ST
U2
MIAMI BEACH, FL 33139US

SUBJECT: QALYS PHARMA LLC
REF: L17000077316

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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

FAX Aud. #: H17000215640
Letter Number: 217A00016649

P.O BOX 6327 - Tallahassee, Florida 32314

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

QALYS PHARMA 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 APRIL 06, 2017 and assigned
Florida document number L17000077316

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 "LLC."

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:

LORENA MEDINA

New Registered Office Address:

1000 5TH ST Suite U2

Enter Florida street address

MIAMI BEACH

Florida 33139

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

Page 1 of 3

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17 AUG 17 AM 8:28
CLERK OF THE COURT
STATE OF FLORIDA

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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------|---------------------------------|--|
| AR | LILIANA MEZA | 20335 W Country Club Dr Apt 310 | <input type="checkbox"/> Add |
| | | Aventura, FL 33180 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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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.

Signature of a member of authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

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