## 117000120190

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## **COVER LETTER**

TO:

	Registration Se Division of Cor					
SUBJEC		HARMA MANUFACTURING				
SOURC	··	Name of Lin	ited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please reti	urn all correspo	ondence concerning this matter	to the following:			
		МОНАММАД Н МАМС	N			
			Name of Person			
		CAPZERPHARMA MAN	UFACTURING			
			Firm/Company	<del></del>	_	
		3677 23RD AVE SOUTH	, SUITE A 108		# D.	-
		<del></del>	Address		- 4	
		LAKE WORTH, Ft. 3346	1			`
		MMAMUN@CAPZERPH.	City/State and Zip Code ARMA.COM		· ( )	
		E-mail address: (	to be used for future annual report notific		0 0	
For furthe	r information co	oncerning this matter, please ca	all:			
монам	МАВ Н МАМ	UN	786 200-4718			
	Name of	f Person		l'elephone Number		
Enclosed i	is a check for th	ne following amount:				
\$25.00	) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Col (additional copy	f Status & py	
		NG ADDRESS:	STREET/COURIE Registration Section	R ADDRESS:		

Division of Corporations

Tallahassee, F1, 32314

P.O. Box 6327

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 (	Company as it now appears on our records.) mited Liability Company)	
(A Florida Li	miled Liability Company)	
he Articles of Organization for this Limited Liability Con	npany were filed on 06/01/2017	and assigned
lorida document number 1.17000120190		
fortda document number		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	d liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
ntor now principal officer wildress if and its bis-		
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
		<u> </u>
		٠
notes were made and described		
nter new mailing address, if applicable:		- · · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		7.7
. If amending the registered agent and/or register	ed office address on our records.	enter the name of the
egistered agent and/or the new registered office addres	s here:	
Manus of New Description I. A. and		
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street address	
	, Floric	da
	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, <u>enter the title, name, and address of each person\_being added or removed from our records:</u>

MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MBR	AZIZA DAISY	10244 SW 59th ST, Cooper City, FL 33328	<b>=</b> Add
			☐ Remove
			☐ Change
MBR	ZEBUN M KHAN	10399 Cypress lakes Preserve Dr. Lake Worth, FL 33449	
		<del></del>	□ Remove
			Change
MBR	MOHAMED MOHAMED	H118 N H Street, Apt # 8, Lake Worth, FL 33460	B Add
			☐ Remove
			Change, ¬
MBR	M. MASUD ZAMAN	4730 Crested Butte Trail, Rockfield, IL 61114	Add 、
			□ Remove →
			Change
			□ Add
			Remove
			Change
<del></del>			
			Remove
			□ Change

O6/01/2017  Conceive date, if other than the date of filing:  In 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 605.07  Once: If the date inserted in this block does not meet the applicable struttory filing requirements, this date will not be listed as locument's effective date on the Department of State's records.  The 90th day after the record is filed.  Oated  Once The 90th day after the record is filed.  Signature of a member or authorized representative of a member  MOHAMMAD H MAMUN				
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Filing Fee: \$25.00