

L17000261030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

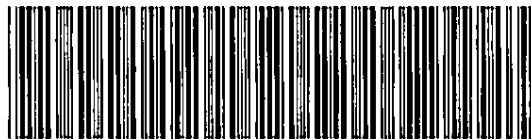
(Business Entity Name)

(Document Number)

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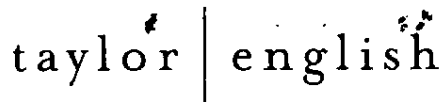
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18 JAN 17 PM 2:29
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TALLAHASSEE FLORIDA

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01-23-18

DC



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Main: 770.434.6868 Fax: 770.434.7376 taylorenghish.com

January 16, 2018

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
Attn: Darlene Connell
2661 Executive Center Circle, W
Clifton Building
Tallahassee, Florida 32301

Re: NH-ISAC Acquisition, LLC to SAFE-BioPharma Association, LLC

Dear Darlene:

As per our recent conversation, we have enclosed the following documents regarding the above-referenced name change:

1. Our firm check in the amount of \$25.00;
2. Articles of Amendment to Articles of Organization.

Please don't hesitate to contact me or my assistant, Pam Jones, should you have any questions or require additional information.

Thank you for all of your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeff D. Woodward".

Jeff D. Woodward
jwoodward@taylorenghish.com
TAYLOR ENGLISH DUMA LLP

JW/pbj
Enclosures

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NH-ISAC Acquisition, 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 12/22/17 and assigned
Florida document number L17000261030.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SAFE-BioPharma Association, LLC

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:

New Registered Office Address:

Enter Florida street address

City Florida 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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[illegible]

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.

Dated JANUARY 16 . 2018

Jeff D. Woodward

Typed or printed name of signee