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(R	equestor's Name)	
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(C	ity/State/Zip/Phone #	<i>f</i>)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	e)
(D	ocument Number)	
Certified Copies	Certificates c	of Status
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S. YOUNG

COVER LETTER

TO:	Registration Se Division of Co			
SUBJEC	Breakthrou	igh Pharma LLC	`	
SOBJE	-1. <u></u>	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	•	
Piease re	turn all correspo	ondence concerning this matter	to the following:	
		Andrew Rogul		
			Name of Person	· — — · · · ·
		Breakthrough Pharma LLC		
			Firm/Company	
		2655 N.W. 29th Drive		
			Address	
		Boca Raton, Florida, 3343	4	
		andrew@rogull.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information o	concerning this matter, please ca	all:	
Andrew	Rogul		561 901-1817 at ()	
	Name o	of Person		Telephone Number
Enclosed	l is a check for t	he following amount:		
□ \$ 25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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**

Breakthrough Pharma LLC		
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on 01	/25/2018 and assigned
Florida document number L18000023335	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company h	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the c	esignation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
	·	
		至 第二
Enter new mailing address, if applicable:		SS: -1 C
Mailing address MAY BE A POST OFFICE	BOX	# P D
		ق ق
		20
3. If amending the registered agent and registered agent and/or the new registered of		our records, enter the name of the
Name of New Registered Agent:	Andrew Rogul	
New Registered Office Address:	2655 N.W. 29th Drive	
	Enter Floi	rida street address
	Boca Raton	, Florida ³³⁴³⁴
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 veing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany 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>	Type of Action
MGR	Ira Carlin	4638 N. Hiatus Road Fort Lauderdale, Florida 33351	
			■ Remove
			Change
MGR	Jamil Hantash	6330 N. Andrews Avenue Fort Lauderdale, Florida 33309	Add
			Remove
			Change
MGR	Susan Kirsch	2655 N.W 29th Drive Boca Raton, Florida 33434	= Add
			Remove
			☐ Change
			
			□ Remove
			Add
			□ Remove
			Change
			
			Remove
			Change

Effec	tive date, if other than the date of filing: (optional)
Note:	Tective 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 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
docur	nent's effective date on the Department of State's records.
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
) The	90th day after the record is filed.
Dated	February 28 2019
	(I MALX .
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00