Division of Corporations Electronic Filing Cover Sheet

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page. Doing so will generate another cover sheet.	ئد. ر) احب لقب:

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES,

Account Number : 075350000353

Phone : (800)221-2972

Fax Number : (888)692-9ភិ6

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

Email	Address:	

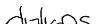
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CYPRESS ANIMAL HEALTH LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help



From 7188897420 1.718.889.7420 Wed May 16 09:37:25 2018 MDT Page 2 of 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CYPRESS ANIMAL HEALTH LLC	*****	
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our res Limited Liability Company)	cords.)
the Articles of Organization for this Limited Liability Co	ompany were filed on	and assigned
forida document number L18000095963	<u>_</u> '	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limi	ted liability company here:	
Cypress Grove Pharmaceuticals LLC		
he new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	
		N3 (13)
Inter new mailing address, if applicable:		*****
Mailing address MAY BE A POST OFFICE BOX		<u>ज</u> ्ञ
		= 1.7
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office address on our reco	
	, 2	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street au	Llame
	250	, Florida
 	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 = N $AMBR = A$	lanager authorized Member	æl.	
<u>Title</u>	Name	Address	Type of Action
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Tective date, if other than the date of filing:	ocument's effective date on	the Department of State's	records.	y maig requiremen	is, this date will no	n oc nsica as
Tective date, if other than the date of filing:						
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Page 3 of 3

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