

L19000036696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

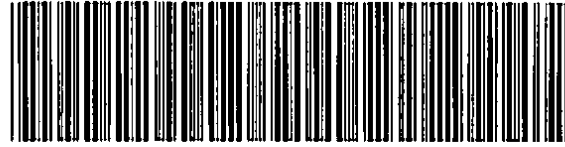
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEC 12 2020

October 28, 2020
Miami, Florida USA

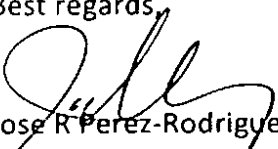
Secretary of State
Florida Department of State
Division of Corporations

Dear Sir/Madam:

I hereby certify accepting the appointment as new registered agent for Mederez
Pharmaceuticals LLC, Florida document number L19000036696 effective
immediately.

Also, it serves as a certification that I am familiar and accept the obligations of a
registered agent. Please proceed to amend the Articles of Organization for this
Limited Liability Company.

Best regards,



Jose R Perez-Rodriguez

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MEDEREZ PHARMACEUTICALS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose R. Perez-Rodriguez

Name of Person

Mederez Pharmaceuticals, LLC

Firm/Company

9400 S Dadeland Blvd Suite 603

Address

Miami, Florida USA

City/State and Zip Code

joseperez@farmainternational.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose Perez

786

797-4448

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

7:42

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Mailing address MAY BE A POST OFFICE BOX)

_____, Florida _____
City Zip Code

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

2023-07-12 7:42

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	Jose R Perez-Rodriguez	9400 S Dadeland Blvd Suite 603 Miami, FL 33156	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	Victor Medellin Herrera		<input type="checkbox"/> Add
		9400 S Dadeland Blvd Suite 603 Miami, FL 33156	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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1 sheets, if necessary.)

[illegible]

(If an 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 605.0207 (3)(b)

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.

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.

Dated _____, _____.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00