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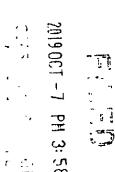
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| cr'b) | | PLASMA, LLC | | |
| SUBJ | IF.C1: | Name of Lim | ited Liability Company | |
| The e | nclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Pleaso | e return all correspo | ondence concerning this matter | to the following: | |
| | | MICHAEL N MCCRAY | | |
| | | PREMIER PLASMA. LLC Firm/Company 1427 NW 156TH AVENUE Address PEMBROKE PINES. FL 33028 City/State and Zip Code MPCMCCRAY@GMAIL.COM E-mail address: (to be used for future annual report notification) her information concerning this matter, please call: EL N MCCRAY Name of Person Area Code Daytime Telephone Number d is a check for the following amount: .00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) MAHLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Clifton Building | | |
| | | 1427 NW 156TH AVENUE | Name of Person SMA, LLC Firm/Company | |
| | | | | |
| | | MPCMCCRAY@GMAIL.CC | | |
| | | E-mail address: (| to be used for future annual repor | t notification) |
| For fu | irther information c | oncerning this matter, please co | all: | |
| MICH | HAEL N MCCRAY | • | , | 12 |
| | Name o | f Person | | aytime Telephone Number |
| Enclo | sed is a check for th | ne following amount: | | |
| ⊟ S | 25.00 Filing Fee | _ | Certified Copy | Certificate of Status & Certified Copy |
| | Registr Dívisio P.O. Bo | ration Section on of Corporations | Registration S Division of Co Clifton Buildi | Section orporations |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PREMIER PLASMA, LLC | | | |
|--|--|---------------------------------------|--|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited | any as it now appears on our records.) Liability Company) | | |
| The Articles of Organization for this Limited Liability Company Florida document number L19000057724 | were filed onFEBRUARY 27, 2019 | and assigned | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the | ibbreviation "L.L.C." | |
| er new principal offices address, if applicable: 1427 NW 156TH AVENUE | | | |
| (Principal office address MUST BE A STREET ADDRESS) | PEMBROKE PINES, FL 33028 | 2019 | |
| | | 90 " | |
| Enter new mailing address, if applicable: | 1427 NW 156TH AVENUE | 1-7 | |
| (Mailing address MAY BE A POST OFFICE BOX) | PEMBROKE PINES, FL 33028 | D ; # | |
| <u> </u> | | <u>ښ ، ب</u> | |
| | | · · · · · · · · · · · · · · · · · · · | |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her | | the name of the new | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | Florida | | |
| New Degistered Agent's Signature if changing Degistered Agents | 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 = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------------------------|------------------------------|----------------|
| AMBR | SYMCARE, INC. | 14988 SW 33RD STREET | |
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| | | WESTON, FL 33331 | _ |
| | | | Remove |
| | | | Channe |
| | SMARTBOX DATA | 1635 OLD 41 HWY, STE 112-250 | ☐ Change |
| AMBR | TECHNOLOGIES INC. | | |
| | | KENNESAW, GA 30152 | |
| | | | ☐ Remove |
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| ffective date | if other than the date of fi | ling: | | (ontional) | |
| lote: If the dat | , if other than the date of file is listed, the date must be specific to inserted in this block does not cetive date on the Department of | ot meet the applicable | te of filing or more than 90 statutory filing requirer | days after filing.) Pursuant to enents, this date will not be l | 605.020 listed as |
| e record spe The 90th d | ecifies a delayed effectiv ay after the record is file | re date, but not an ed. | effective time, at | 12:01 a.m. on the ea | rlier o |
| ated | Eptember 42 | 2019 | | | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00