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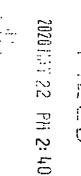
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COVER LETTER

TO:

Registration Section

Division of Cor	porations			
NIB ICO	MMG PHARMA LLC			
SUBJECT:	Name of Limited Eiability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter	-		
Treuse result on correspo	and maker	to the following.		
	RAMI MAH.	ANI		
		Name of Person		
	MMG PHARN	1A LLC		
		Firm/Company	 	
	1140 WEXFORD LEAS	BLVD		
		Address		
	PALM HARBOR, FL 34683			
		City/State and Zip Code		
	RMYRAAFAT@HOTM			
	E-mail address: (to be used for future annual report no	tification)	
For further information o	oncerning this matter, please c	all:		
RAMI MAHANI		727 688-0290 at ()		
Name o	f Person	Area Code Daytii	me Telephone Number	
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration Se	ection	
Division of C	orporations	Division of Co	orporations	
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MMG PHARMA LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as <mark>it now appears on our record</mark> Liability Company)	<u></u>)
The Articles of Organization for this Limited Liability Company	were filed on 03/26/2019	and assigned
Florida document number L19000083159		
his 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 abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
Principal office address MUST BE A STREET ADDRESS)		13 13
		22
Enter new mailing address, if applicable:		P (1)
Mailing address MAY BE A POST OFFICE BOX)		. 2:
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	orida
	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>	Name	Address	Type of Action
AMBR	GEORGE HANNA	1705 COUNTRY TRAILS DR	= Add
		SAFETY HARBOR, FL 34695	□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			Chanus

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
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Note:	ive date, if other than the date of filing:
the reco	ed 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 led.
Dated	May 18 2020
	O What I was a second of the s
	Signature of a member or authorized representative of a member
	RAMI MAHANI
	Typed or printed name of signee

Filing Fee: \$25.00