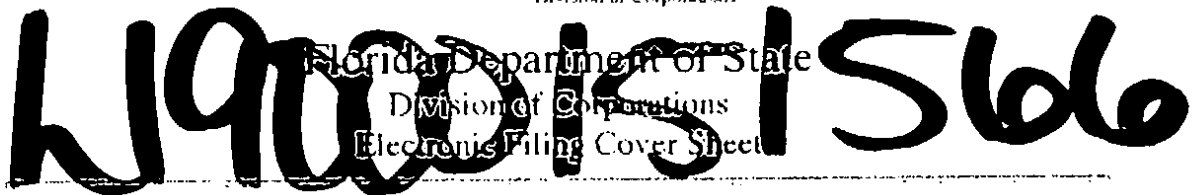


5/24/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000167557 3)))



H190001675573ABC8

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : NATALIE M. BURNS PL
Account Number : I20140000036
Phone : (305)733-8223
Fax Number : (866)883-7019

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PLASMA MED RESEARCH LLC**

| | |
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June 26, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PLASMA MED RESEARCH LLC
1500 S OCEAN BLVD APT 102
POMPANO BEACH, FL 33062

SUBJECT: PLASMA MED RESEARCH LLC
REF: L15000176389 ***CORRECT DOC # L19000151566

The required electronic filing cover sheet was not submitted with the document. Please resubmit the document with the electronic filing cover sheet.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

FAX Aud. #: B19000167557
Letter Number: 819A00012908

2019 JUN 29 AM 10:43

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AND
FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H19000167557 3)))

PLASMA MED RESEARCH LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/06/2019 and assigned
Florida document number L19000151566

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

BRUNO RASCHIO

New Registered Office Address:

12360 NW SOUTH RIVER DRIVE

Enter Florida street address

MIAMI

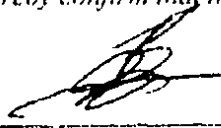
Florida 33178

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

(((H19000167557 3)))

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> | <u>Type of Action</u> |
|--------------|-----------------------|----------------------------------|--|
| MGR | STEPHEN A. RENTZ, JR. | 851 BROKEN SOUND PKWY STE 125 | <input type="checkbox"/> Add |
| | | BOCA RATON, FL 33487 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | GRAND BAY LLC | 12360 NW SOUTH RIVER DR | <input checked="" type="checkbox"/> Add |
| | | MIAMI, FL 33178 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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15

Effective date, if other than the date of filing: (optional)
(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

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.

Stephen A. King

Signature of a member or authorized representative of a member

STEPHEN A. RENTZ, JR.

Typed or printed name of signer