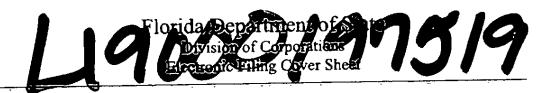
Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: MONAHAN MIJARES CPA PA Account Name

Account Number : I20050000157

: (305)407-1438

Phone

Fax Number

: (305)397-1003

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 ISSEMED PHARMA, LLC

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JAN 16 2020

	COVER LETTER → ♥
TO: Registration of	on Section Corporations
	MED PHARMA, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
Please return all corr	respondence concerning this matter to the following:
	Roark R. Monahan, CPA
	Name of Person
	MONAHAN-MIJARES CPA, PA
	Firm/Company
	75 Valencia Ave, Suite 703
	Address
	Coral Gables, FL 33134
	City/State and Zip Code
	info@monahanmijares.com
	E-mail address: (to be used for future annual report notification)
For further informat	ion concerning this matter, please call:
Ronald Monahan	305 397-1003
Na	ame of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
\$25.00 Filing Fe	ce ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ISSEMED PHARMA, LLC		
(Name of the Limited Limbility Comp (A Florida Limited	any as it now appears on our records. Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company Florida document number L19000197519	y were filed on <u>08/02/2019</u>	and assigned
This amendment is submitted to amend the following:		20
A. If amending name, enter the new name of the limited lial	bility company here:	FI HB JAN CORET FIALLY
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	Section 1
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 or registered agent and/or the new registered office address he Name of New Registered Agent:	office address on our records, re:	enter the name of the new
New Registered Office Address:	Enter Florida street address	<u> </u>
	. Flo	rida

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	<u>Address</u>	Type of Action
MGR	LOPEZ, MANUEL	300 S. BISCAYNE BLVD	= Add
		(MET1) APT. 1505	Remove
		MIAMI, FL 33131	☐ Change
			Add 2018 AN I Changer
			A SET OF AND SET OF AN
	·		Remove
			□ Remove
			☐ Change
			Remove
			Change
			☐ Change

nuary 15	, 2020	,
	Equarded Hopes Signature of a member or authorized sepresentative of a member	
1,	Signature of a memoer or authorized sepresentative of a memoer	
Eduardo D Lopez		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00