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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 : (844)386-0178 Phone : (214)317-4754 Fax Number

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LHBIOMED USA LLC

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To: 18506176383 From: 12143052508 Date: 01/21/20 Time: 11:03 AM Page: 02/04

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIBIOMED USA LLC						
(Name of the Limited Liability Company (A Florida Limited Liab	ns it now appears on our records.) only Company)					
the Articles of Organization for this Limited Liability Company were filed on AUGUST 21, 2019 and assigned louda document number 1.19000214314						
This amendment is submitted to amend the following:						
A. Il amending name, enter the new name of the limited liability	ty company here:					
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	ibbreviation "L.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 adagent and/or the new registered office address here:	dress on our records, <u>enter the na</u>	me of the new registered				
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida street address					
	, Florida _					
-	Сиу	Zy) Code				
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	verformance of my duties, and i an covided for in Chapter 605, F.S. O	r, if this document is				

If Changing Registered Agent, Signature of New Registered Agent

(((H20000022972 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>	Address	Type of Action
AMBR	HOHYUN OM	15853 SW 10TH STREET	U.Add
		PEMBROKE PINES, FLORIDA 33027	ÆRemove
			□Change
AMBER	JISUK HAN	15853 SW 10TH STREET	
AMBER		PEMBROKE PINES, FLORIDA 33027	□Remove
			Change
		∃Add	
			□Remove
			Change
			□Add
			□Remove
			TChange
			☐ Change ☐ Change ☐ Change ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change
			Remove
			Change
			🗀 Add
			□ Remove

ro:	18506176383	From:	12143052508	Date:	01/21/20	Time:	11:03	AΜ	Page:	04/	04
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Effective date, if other than to the other than to the other than to the other than to the other than the date in the document's effective date on the	nust be specific and block does not n	cannot be prior to di neet the applicable	ale of filling or more	(option than 90 days after fi equirements, this c	ling) Pursuant to 605.02	207 (3 Las th
ne record specifies a delayed effect ord is filed	tive date, but not	an effective time.	at 12:01 a.m. on	the earlier of: (b)	The 90th day after t	.hc
		2020	1			
Dated JANUARY 20						
Dated JANUARY 20	Signature of a	thernough authorize	d representative of	a member		

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