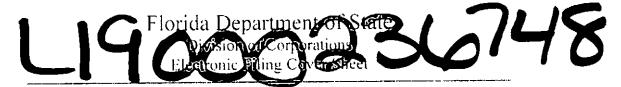
**Division of Corporations** 

18886118813



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.

(((H220001041193)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : VCCRP SERVICES, LLC

Account Number : 120080000067 Phone : (849)425-0077 Fax Number : (845)818-3588

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

| Email | Address: |  |
|-------|----------|--|

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LIPTIS FOR PHARMACEUTICALS MEDICAL PRODUCTS (SAE), L

| Certificate of Status | ()      |
|-----------------------|---------|
| Certified Copy        | ()      |
| Page Count            | 03      |
| Estimated Charge      | \$25,00 |

MAR 22 2022

K. Brumbley

From, Voorp Services, LLC

company has been notified in writing of this change.

## ARTICLES OF AMENDMENT

## TO ARTICLES OF ORGANIZATION OF

| Liptis for Pharmaceuticals Medical Products (SAE).  (Name of the Limited Liability Comp. (A Florida Limited)      | nany as it now appears on our records.)<br>Liability Company) |                        |
|---|---|------------------------|
| The Articles of Organization for this Limited Liability Compan<br>Florida document number <u>L19000236748</u> .   | y were filed on <u>09-27-2019</u>                             | and assigned           |
| This amendment is submitted to amend the following:   |   |                        |
| A. If amending name, enter the new name of the limited lia  | bility company here:  |                        |
| Liptis MEA FZE, LLC   |   |                        |
| The new name must be distinguishable and contain the words "Limited Liab  | sility Company," the designation "LLC" or the                 | abbreviation "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 agent and/or the new registered office address here: | address on our records, enter the na                          | me of the new register |
| agent and/or the new registered office address neve.  |   | 2022 HAR               |
| Name of New Registered Agent:   |   | <del>20</del>          |
| New Registered Office Address:  |   | <u> </u>               |
| · · · · · · · · · · · · · · · · · · ·   | Enter Florida street address                                  | PH (                   |
|   | , Florida   | -Lip Court             |
| New Registered Agent's Signature, if changing Registered Agen   | t:  | · <del>-</del>         |

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

If Changing Registered Agent, Signature of New Registered Agent

To: -18506176383 \* Page: 3 of 4 2022-03-21 15:17 03 GMT 18886118813 From: Vcorp Services, LLC

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 |

| Title | Name | Address | Type of Action |
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| Note: It                  | e date, if other that<br>tive date is listed, the da<br>if the date inserted in t<br>nt's effective date on | his block does n  | ot meet the appli  | cable statutory   |                   | _ (optional)<br>hysafter filing.) Pr<br>ents, this date wi | irsuant to 605,0207 (3<br>If not be fisted as th |
| he record<br>ord is filed | specifies a delayed ef<br>d   | fective date, but | not an effective   | time, at 12 (i) ; | am on the earli   | er of: (b) The 9   | Oth day after the                                |
| Dated _                   | Aarch 7th   |                   | 2022               | ·                 |                   |  |  |
|                           | Nicholas  | Rakisc _          |                    |                   |                   |  |  |
|                           |   | Signature         | of a member or aut | horized represen  | tative of a membe | er   |  |
|                           | Nicholas Rakiec   |                   |                    |                   |                   |  |  |