## L20000074134

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

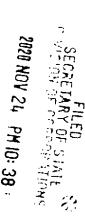
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## **COVER LETTER**

TQ: Reg Divi	ision of Corp	oorations		
SUBJECT:	QUALITY I	PHARMA WORLD USA LLC		
		Name of Limite	ed Liability Company	
The enclosed	l Articles of /	Amendment and fee(s) are subn	nitted for filing.	
Please return	all correspoi	idence concerning this matter to	o the following:	
		FRANCISCO CALVO		
			Name of Person	
		QUALITY PHARMA WOR	RLD USA LLC	
			Firm/Company	
		14401 JOCKEY CIR N		
			Address	
		DAVIE, FL 33330		
			City/State and Zip Code	
		calvof@qpharma-usa.com	be used for future annual report noti	floation)
Car fambar is	strenativa e	meerning this matter, please cal		neationy
		meering this matter, prease car	608 577-8931	
FRANCISC	Name of	Person	(	e Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25,00 F	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 Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUALILTY PHARMA WORLD USA LLC		·
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) (Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on MARCH 6, 2020	and assigned
Florida document number 1.20000074134		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
HEPACAL LLC		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "IA.C" or t	he 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:	e address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		<b>2</b> Zip Code
<del></del>	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 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
			□Add
			Remove
			□Remove
			Change
			□Add
			□Remove
			□ Change
			Add
			Remove
			□ Change
			□Add
			□Remove
			Change
			□ Add
			□Remove

Effective date, if other than the date of filing:  [an effective date is bised, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 bodgs: If the date inserted in this block does not meet the applicable standory filing requirements, this date will not be listed as focument's effective date on the Department of State's records.  Trecord 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 dis filed.  Signature of a member or authorized representative of a member.	N/	
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FRANCISCO CALVO		•

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