

L21003109557
 Florida Department of State
 Division of Corporations
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To:

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

From:

Account Name : R&P ACCOUNTING AND TAXES INC
Account Number : 120170000090
Phone : (305)358-1310
Fax Number : (305)503-6701

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

Email Address: arod8723@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TM PHARMACEUTICAL**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 SEP 19 PM 4:42

APPROVED
AND
FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TM PHARMACEUTICAL

(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 03/06/2021 and assigned
Florida document number L21000109557

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.L.C."

Enter new principal offices address, if applicable:

3105 NW 107TH AVE #412

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FL 33172

Enter new mailing address, if applicable:

3105 NW 107TH AVE #412

(Mailing address MAY BE A POST OFFICE BOX)

DORAL, FL 33172

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:

New Registered Office Address:

Enter Florida street address

Florida

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:

APPROVED
AND
FILED
22 SEP 19 PM 4:45
SECRETARY OF STATE
TAMARA T. FLORES

[illegible]

