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.

13055036701

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To:

Page: 2 of 5

Division of Corporations

: (850)617-6383

From:

: R&P ACCOUNTING AND TAXES INC Account Name

Account Number : 120170000090 Phone

: (305)358-1310 : (305)503-6701 Fax Number

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

Email Address: area

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

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

13055036701

| TM PHARMACE | EUTICAL | · | | | | | |
|---|--|-----------------------|--|--|--|--|--|
| (Name of the Limited Liability Comps (A Florida Limited | any as it now appears on our records.) Liability Company) | | | | | | |
| The Articles of Organization for this Limited Liability Company | were filed on 03/06/2021 | and assigned | | | | | |
| Florida document number 1.21000109557 | · | | | | | | |
| This amendment is submitted to amend the following: | | | | | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | | | | | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the abb | reviation "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 a agent and/or the new registered office address here: | iddress on our records, <u>enter the name</u> | of the new registered | | | | | |
| | | 2 SE | | | | | |
| Name of New Registered Agent: | | | | | | | |
| | | 8 E S S | | | | | |
| New Registered Office Address: | Enter Florida street address | To B DU K | | | | | |
| | Florida | : - | | | | | |
| | City Florida | 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.

To:

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

13055036701

MGR = Manager AMBR = Authorized Member

| Title . | Name | Address | Type of Action |
|-------------|----------------|-------------------------|----------------|
| MGR | SAMIR EL LADEN | 3105 NW 107TH AVE # 412 | |
| | | DORAL, FL 33172 | □Remove |
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From: Andres Rodriguez

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| fan effective date is listed, the d Note: If the date inserted in locument's effective date on | ate must be specific and of this block does not me | cannot be prior eet the applica | to date of filing o | r more than 90 da ling requiremen | ys after filing.) Pu its, this date will | suant to 605,0207 not be listed as |
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| record specifies a delayed of is filed. | ffective date, but not a | n effective tid | mė, at 12:01 a.r | n. on the earlier | of: (b) The 90 | th day after the |
| 09/17 Dated | | 2022 | <u> </u> | | | |
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Typed or printed name of signee

2022-09-19 15:32:54 GMT