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Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Cor	porations			
CUDIECT.	Pennant Ph	armaceuticals, LLC			
NUDJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Adriana Cunningham			
	Name of Person				
		Pennant Pharmaceutical, I	.LC		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·	
		4615 Fox Hunt Dr.			
			Address		
	DIBJECT: Name of Limited Liability Company he enclosed Articles of Amendment and foc(s) are submitted for filing. ease return all correspondence concerning this matter to the following: Adriana Cunningham Name of Person Pennant Pharmaceutical. LLC Firm Company 4615 Fox Hunt Dr. Address Tampa, FL 33624 City/State and Zap Code Acunningham@pennantpharma.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: driana Cunningham: Name of Person Name of Person Pennant Pharmaceutical. LLC Firm Company 4615 Fox Hunt Dr. Address Tampa, FL 33624 City/State and Zap Code Acunningham@pennantpharma.com E-mail address: (to be used for future annual report notification) Turther information concerning this matter, please call: driana Cunningham: Name of Person Name of Person Street Address: Certificed Copy (additional copy is enclosed) Mailling Address: Registration Section Registration Section				
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Adriana Cunningham Name of Person Pennant Pharmaceutical, LLC Finn-Company 4615 Fox Hunt Dr. Address Tampa, FL 33624 City/State and Zip Code Acunningham@pennantpharma.com E-mail address: fto be used for future annual report notification) For further information concerning this matter, please call: Adriana Cunningham Name of Person S25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate Opy (additional copy is enclosed) Mailing Address: Street Address:					
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C. C.	6			ification)	
For turtner ii	iformation c	oncerning this matter, please c	all:		
Adriana Cun	mingham				
	Name of	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	filing Fee	-	Certified Copy	Certificate of Status &	
				ution	
<u> </u>		-			
		-		•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 31 PM 3: 06

Pennant Pharmaceuticals, LLC

(Name of the Limited Liability Company as it now appears on our records) - IARY OF SIMIL AHASSEF, FI

The Articles of Organization for this Limited I	Liability Company	were filed on	and assigned
Florida document number 21000400174	<u> </u>		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	3903 Northdale Blvd Suite 100E Tampa, FL 33624	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3903 Northdale Blvd Suit	e 100E
		Tampa, FL 33624	
B. If amending the registered agent and/or agent and/or the new registered office addressed agent: Name of New Registered Agent:	registered office and session series. Richard Cunnit		nter the name of the new registered
New Registered Office Address:	3903 Northdale	Blvd Ste 100E	
New Registered Office Address:		Enter Florida street a	ddress
	Tampa		_, Florida <u>33624</u>
		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.

Le Changing Registered Agent, Signature of New Registered Agent

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
MGR	Richard Cunningham	3903 Northdale Blvd Suite 100E	≡ Add
		Tampa, FL 33624	□Remove
			□Change
			□Remove
		 	Change
	<u> </u>		□Add
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing	(optional) g or more than 90 days after filing.) Pursuant to 60)5.020°
lote: If the date inserted in this block does not meet the applicable statutory ocument's effective date on the Department of State's records.	filing requirements, this date will not be lis	sted as
record specifies a delayed effective date, but not an effective time, at 12:01 at 18:01 is filed.	a.m. on the earlier of: (b) The 90th day after	er the
ated May 23 2022		
	stative of a member	

Typed or printed name of signee