

L24000455720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2024 NOV 15 PM 1:03

STATE
TALLAHASSEE, FLORIDA

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2024 NOV 15 AM 11:58

STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DRGA UC, LLC

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:

CHARLES SERFATY

Name of Person

SERFATY LAW PA

Firm Company

4770 BISCAYNE BLVD SUITE 1430

Address

MIAMI, FL 33137

City/State and Zip Code

CSERFATY@SERFATYLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (_____) _____
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2024 NOV 15 AM 11:59

DRGA US LLC

(Name of the Limited Liability Company as it now appears on our records;
(A Florida Limited Liability Company))

STATE
OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/29/2024 and assigned
Florida document number 124000455720

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PHARMALNC, LLC

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:

(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 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

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

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Carol A. Sher Pinsky
Signature of a member or authorized representative of a member

Typed or printed name of signee

DRGA US, LLC
A Florida Limited Liability Company

11/13/2024

Written Consent of the Member

The undersigned, being the sole member of DRGA US, LLC, a Florida limited liability company (the "**Company**"), do hereby consent to the adoption of the following resolutions

Written Consent for Change of Name

WHEREAS, the undersigned sole member of DRGA US, LLC ("Company") desire to change the name of the Company to PHARMALNC, LLC.

NOW, THEREFORE, BE IT RESOLVED that:

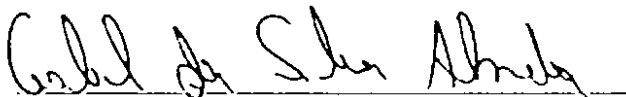
- **Name Change:**

The Company's name is hereby changed from DRGA US, LLC to
PHARMALNC, LLC

- **Authorization to File Amendments:**

The managers of the Company are hereby authorized and directed to execute and file all necessary documents with the appropriate state agency to effectuate the Company name change as outlined in this resolution.

Dated: November 13, 2024



GABRIEL DA SILVA ALMEIDA

Sole Member