

L25000369347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

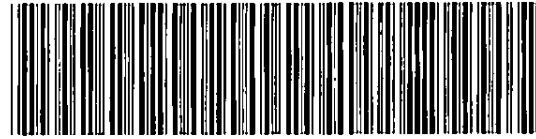
(Business Entity Name)

(Document Number)

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CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 08/25/25
Order #: 4350315-1
Re: 503B TruSteriPharma LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over the "TO WHOM IT MAY CONCERN:" line.

Enclosed please find:

Amount to be deducted from our State Account: \$25.0 - FL State Account Number:
I20000000195

Please take the following action:

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Thank you for your assistance in this matter. If there are any problems or questions with this filing,
please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 503B TruSteriPharma 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:

Jeremy Chao

Name of Person

Davidoff Hutcher & Citron LLP

Firm/Company

605 Third Avenue, 15th Floor

Address

New York, New York 10158

City/State and Zip Code

jcc@dhelegal.com

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

For further information concerning this matter, please call:

Jeremy Chao

646 428-3227

at ()
Name of Person 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

50313 TruSteriPharma LLC

TruSteriPhanna PB LLC

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:

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Change
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			☐ Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 25, 2025.

Jeremy Chao
Signature of a member or authorized representative of a member

Typed or printed name of signee