Division of Corporations **Electronic Filing Cover Sheet**

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(((H17000155389 3)))



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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OPKO OPHTHALMICS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
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PLEASE USE ORIGINAL FAX DATE OF 6/9/17. THANK YOU.

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Corporate Filing Menu

Help

M. MILLIGAN JUN 1 4 2017



June 12, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

OPKO OPHTHALMICS, LLC 4400 BISCAYNE BLVD. MIAMI, FL 33137

SUBJECT: OPKO OPHTHALMICS, LLC

REF: M08000002106

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II FAX Aud. #: H17000155389 Letter Number: 617A00011807

PLEASE SEE ATTACHED.

PLEASE USE ORIGINAL FAX DATE OF 6/9/17. Thank you.

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: OPKO OPHTHALMICS, LLC
Enter new principal office 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)
2. The Florida document number of this limited liability company is: M08000002106
3. Jurisdiction of its organization: DELAWARE
4. Date authorized to do business in Florida: MAY 5, 2008
SECTION II (5-9 complete only the applicable changes)
5. New name of the limited liability company: OPKO PHARMACEUTICALS, LLC (must contain "Limited Liability Company," "L.L.C.," or "LLC.")
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")
6. If amending the registered agent and/or registered officer 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
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.

If Changing Registered Agent, Signature of New Registered Agent

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aforementioned ame	e law of which this entity is orga	y the official having custody of records in the	DIVISION OF CORP OF					

Filing Fee: \$25.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "OPKO PHARMACEUTICALS, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWELFTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OPKO"

PHARMACEUTICALS, LLC" WAS FORMED ON THE NINETEENTH DAY OF MARCH,

A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 202693204

Date: 06-12-17

4319887 8300 SR# 20174703402

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "OPKO OPHTHALMICS, LLC", CHANGING ITS NAME FROM "OPKO OPHTHALMICS, LLC" TO "OPKO PHARMACEUTICALS, LLC", FILED IN THIS OFFICE ON THE TWENTY-FOURTH DAY OF MAY, A.D. 2010, AT 2:18 O'CLOCK P.M.



Authentication: 202698544

Date: 06-13-17

State of Delaware Secretary of State Division of Corporations Delivered 02:26 PM 05/24/2010 FILED 02:18 PM 05/24/2010 SRV 100557315 - 4319887 FILE

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF FORMATION OF OPKO OPHTHALMICS, LLC

Pursuant to Section 18-202 of the Delaware Limited Liability Company Act, the Certificate of Formation of OPKO OPHTHALMICS, LLC, a Delaware limited liability company (the "Company") is amended as follows:

- 1. The name of the Company is **OPKO OPHTHALMICS**, **LLC**. The filing date of the Certificate of Formation was March 19, 2007.
- 2. The First Article of the Certificate of Formation of the Company is hereby deleted in its entirety and the following text is inserted in lieu thereof:
 - "FIRST. Name. The name of the limited liability company formed hereby is OPKO Pharmaceuticals, LLC."
- 3. Except as hereby amended, the Certificate of Formation of the Company shall remain unchanged.
- 4. This Certificate of Amendment shall be effective as of the date of its filing.

Executed on this 24th day of May, 2010.

Kate Inman, Secretary