Division of Corporations

Page 1 of 1



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.

(((H14000138562 3)))



H140001385623ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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

Email	Address:			

RECEIVED 4 JUNII PM 4: 29 SECHEMBE OF STATE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN QUINN PHARMACEUTICALS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

SECTION I (1-3 must be completed)

1.	Name of limited liability Company as it appears on the records of the Florida Department of State: Quinn Pharmaceuticals, LLC MYOOO3294
2.	Jurisdiction of its organization: Kansas
3.	Date authorized to do business in Florida: May 14, 2014
SI	ECTION II (4-7 complete only the applicable changes)
4.	New name of the limited liability company: (must contain "Limited Liability Company, " "L.L.C.," or "LLC.")
F1	name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting e alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." "LLC.")
5.	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
6.	If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:
a	dd Karl Weinrich, Vice President, 2002 West 39th Avenue, Kansas City, Kansas 66103
7.	Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.
	Signature of the authorized representative
	DIANA WOOD
	Typed or printed name of signee
	Filing Fee: \$25.00