

Division of Corporations

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M500004405

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : COMITER & SINGER, LLP
Account Number : 1200000000085
Phone : (561) 626-4742
Fax Number : (561) 626-4742

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

Email Address: mfrid@comitersinger.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ARINDEL PHARMACEUTICALS, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$60.00

RECEIVED

15 JUN 10 PM 12: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDASECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUN 10 AM 8: 36

FILED

JUN 11 2015

S. YOUNG

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 (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Arindel Pharmaceuticals, LLC
2. The Florida document number of this limited liability company is: M15000004405
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: June 4, 2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: ACF ANDOR GP, LLC
(must contain "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

6. 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

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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a 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

Andrew R. Comiter, Authorized Rep.

Typed or printed name of signee

Filing Fee: \$25.00

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 15 JUN 10 AM 8:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACF ANDOR GP, 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 TENTH DAY OF JUNE, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACF ANDOR GP, LLC" WAS FORMED ON THE FIFTH DAY OF MAY, A.D. 2015.

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15 JUN 10 AM 8:36
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DELAWARE, FLORIDA

5741506 8300

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at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2451966

DATE: 06-10-15

Delaware

PAGE 1

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 "ARINDEL PHARMACEUTICALS, LLC", CHANGING ITS NAME FROM "ARINDEL PHARMACEUTICALS, LLC" TO "ACE ANDOR GP, LLC", FILED IN THIS OFFICE ON THE NINTH DAY OF JUNE, A.D. 2015, AT 11:12 O'CLOCK A.M.

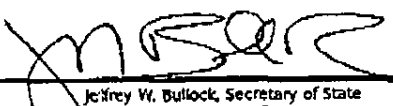
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Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2451965

DATE: 06-10-15

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:14 AM 06/09/2015
FILED 11:12 AM 06/09/2015
SRV 150896319 - 5741506 FILE

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Arindel Pharmaceuticals, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

First: The name of the limited liability company is
ACF Andor GP, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 9th day of June, A.D. 2015.

By: 
Authorized Person(s)

Name: Andrew R. Comiter
Print or Type

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TALLAHASSEE, FLORIDA