# Florida Department of State Electronic Filing Cover Sheet

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		Fax Number	: (850)617-6383	TALLA!
AH 10: 1-9	From:	Account Name Account Number Phone Fax Number	: (855)498-5500	OF STATE
2 ∞ **Enter :	rha amail	address for this	business entity to be use	d for future

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNIPHARMA, LLC

\*\*\*PLEASE PROVIDE THE ORIGINAL SUBMISSION DATE OF 2/11/2021\*\*\*

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Help 2



February 12, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

UNIPHARMA, LLC 10200 NW 67TH ST TAMARAC, FL 33321US

SUBJECT: UNIPHARMA, LLC

**\$** 4 8

REF: M18000008812

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.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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.

Tracy L Lemieux Regulatory Specialist II FAX Aud. #: H21000059776 Letter Number: 321A00003151

#### **COVER LETTER**

FO: Registration Section Division of Corporations	
SUBJECT: Unipharma, LLC  Name of Foreign Limited Lial	hility Company
Walle of Foreign Difficed Dias	only company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	c following:
Neil F. Luria, Chief Restructuring Officer	<b>20</b>
Name of Person	2021 FEB 11 PM 4: 48 SECRETALL OF STATE TALL AND SEEL FL
Firm/Company	PH PH
425 West New England Avenue, Suite 300	STATE OF THE STATE
Address	_ m <b>w</b>
Winter Park, Florida 32789	
City/State and Zip Code	_
nluria@soliccapital.com	
E-mail address: (to be used for future annual report notification)	ation)
For further information concerning this matter, please call:	
Marlene Duarte , 305	714-4361
Name of Person Area Cod	e & Daytime Telephone Number
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
Enclosed is a check for the following amount:  \$\Begin{align*} \text{\$\text{\$\text{\$\text{CP3F(45)}}}} & \Begin{align*} \text{\$\text{\$\text{\$\$\text{\$\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\$\}\$}}}\$}\$\text{\$\text{\$\text{\$\text{\$	<del>-</del>

#### 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 appear	rs on the records o	f the Florida Department of			
State: Unipharma, LLC					
Enter new principal office address, if applicable:	425 West New E	ngland Avenue, Suite 300			
(Principal office address	Winter Park, Flo	rida 32789			
MUST BE A STREET ADDRESS)	Attn: Neil F. Lur	ia, Chief Restructuring Office	Γ		
Enter new mailing address, if applicable:	425 West New E	ngland Avenue, Suite 300			
(Mailing address MAY BE A POST OFFICE BOX)	Winter Park, Flo	rida 32789	SEC 17	2021 FI	
	Attn: Neil F. Lur	ia, Chief Restructuring Office	123 123	83.1	-
2. The Florida document number of this limited li	ability company is	: M18000008812	::-::-::::::::::::::::::::::::::::::::	<del></del>	
			SEE J	- <u>F</u>	C
4. Date authorized to do business in Florida: Sep				8	
SECTION II (5-9 complete only the applicable	changes)				
5. New name of the limited liability company:	JP Winddown LLC				
(mu:	st contain "Limited	Liability Company, ""L.L.	C.," or "	LLC."	')
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	anaging members	of transacting business in Flo adopting the alternate name.	rida and a The altern	ittach a	a ame
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address	on our records, enter the nar	ne of the	<u>new</u>	
Name of New Registered Agent: CAPITOL COR	RPORATE SERVIO	CES, INC.			
New Registered Office Address: 515 E PARK A	VE, 2ND FLOOR				
-		Enter Florida Street Addre.			
<u> </u>	ALLAHASSEE	y, Florida _	32301		
	Cit	y	Zip Cod	le	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the second control of the	ent and agree to ac r and complete per stered agent as pro e in the registered his change.	formance of my duties, and i vided for in Chapter 605, F	I am fami S. Or, if ti irm that ti	liar wi his	ith
	Kim Tadloch	of Capitol Corporate Service ed Agent, Signature of New		d Acc	m t
it (	CHANGING KEGISTER	EU ARCHI, DIRTRITTE OF MEW	VCKIRICLE	u /120	ш

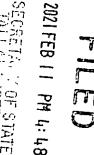
	inaldo Santamarta as Manager and repla		
itle/ Capacity	<u>Name</u>	Address Ty	pe of Action
MGR	CHARLES SWEET	1020 Holland Drive, Suite 114	<b>=</b> Add
		Boca Raton, Florida 33487	_ □Remov
MGR	REINALDO SANTAMARTA	10200 NW 67th Street	_ □Add
		TAMARAC, FL 33321	
			7 L: Lo □Remov
<del></del>			_ □Add
			_
<del></del>			_ □Add
aforemention	r certificate, if required: no more than ned amendment(s), duly authenticated ander the law of which this entity is or	by the official having custody of records in the	□Remov

Filing Fee: \$25.00

# Delaware The First State

Page 1

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 "UNIPHARMA, LLC",
CHANGING ITS NAME FROM "UNIPHARMA, LLC" TO "UP WINDDOWN LLC",
FILED IN THIS OFFICE ON THE ELEVENTH DAY OF FEBRUARY, A.D.
2021, AT 4:46 O'CLOCK P.M.





Authentication: 202495900

Date: 02-11-21

- Taylor Seay 8004323622

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:46 PM 02/11/2021
FILED 04:46 PM 02/11/2021
SR 20216425811 - File Number 7066194

## AMENDMENT TO CERTIFICATE OF FORMATION OF UNIPHARMA, LLC

- 1. Name of limited liability company is Unipharma, LLC (the "Company"):
- 2. The Certificate of Formation of the Company is hereby amended as follows:

The name of the limited liability company is hereby changed to UP Winddown LLC.

IN WITNESS WHEREOF, the undersigned have executed this Amendment to Certificate of Formation of the Company as of February 1.1, 2021.

Name: Charles Speet Manager

SECRETA OF STATE