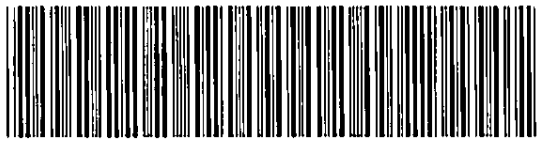


M19000002116



900334529639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

2019 OCT 11 PM 4: 28

2019 OCT 11 PM 12: 03

RECEIVED
FEB 11 2019

T GLASS

OCT 14 2019

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 948036 8077018
AUTHORIZATION : *Lynette Heman*
COST LIMIT : \$ 25.00

ORDER DATE : October 8, 2019
ORDER TIME : 3:13 PM
ORDER NO. : 948036-050
CUSTOMER NO: 8077018

2019 OCT 11 PM 12:03
FILED
NOT RECORDED

FOREIGN FILINGS

NAME: HORIZON PHARMA SERVICES LLC

 CORPORATE
 LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

**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: Horizon Pharma Services 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: M19000002116

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 03/01/2019

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

5. New name of the limited liability company: Horizon Therapeutics Services 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

_____, **Florida** _____
City 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:

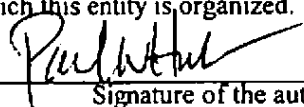
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

2019
JUN 11
12:03

STATE OF MISSOURI
RECORDS DIVISION

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

Paul W. Hoelscher, Member

Typed or printed name of signee

Delaware

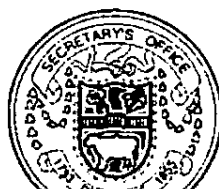
The First State

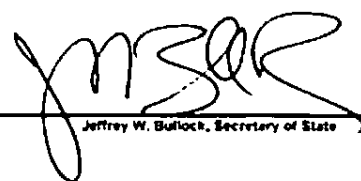
Page 1

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 "HORIZON PHARMA SERVICES LLC", CHANGING ITS NAME FROM "HORIZON PHARMA SERVICES LLC" TO "HORIZON THERAPEUTICS SERVICES LLC", FILED IN THIS OFFICE ON THE SIXTEENTH DAY OF SEPTEMBER, A.D. 2019, AT 12:16 O`CLOCK P.M.

2019 OCT 11 PM 12:03

FILED




Jeffrey W. Bullock, Secretary of State

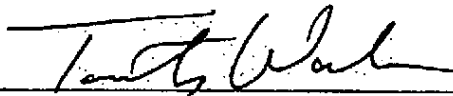
State of Delaware
Secretary of State
Division of Corporations
Delivered 12:16 PM 09/16/2019
FILED 12:16 PM 09/16/2019
SR 20197048143 - File Number 5738641

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF FORMATION
OF
HORIZON PHARMA SERVICES LLC**

1. The name of the limited liability company is Horizon Pharma Services LLC.
2. The Certificate of Formation of the limited liability company, as amended, is hereby amended by deleting Article FIRST thereof and by substituting in lieu the following new Article FIRST:

“FIRST: The name of the limited liability company is Horizon Therapeutics Services LLC (the “Company”).”

IN WITNESS WHEREOF, the undersigned authorized person of the limited liability company has executed this Certificate of Amendment to Certificate of Formation as of September 16, 2019.

By: 
Name: Timothy Walbert
Title: Authorized Person

2019 OCT 11 PM 12:04

SECRETARY OF STATE
DIVISION OF CORPORATIONS
FILED