

M21000008389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

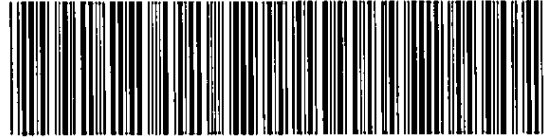
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 SEP 16 AM 9:06

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TALLAHASSEE, FLORIDA

2022 SEP 16 AM 11:46

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115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 09/16/2022

Name: Merritt Walker

Reference #: 1735823

Entity Name: SYNER-G BIOPHARMA CONSULTING LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other CERTIFIED COPY OF THE FILING EVIDENCE

Authorized Amount: \$55

Signature: mw

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Syner-G BioPharma Group LLC
Name of Foreign Limited Liability 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 following:

Stephen Cote

Name of Person

Syner-G BioPharma Group LLC

Firm/Company

2 Park Central Drive Suite 110

Address

Southborough, MA 01772

City/State and Zip Code

stephen.cote@synergpharma.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Dunne

Name of Person

at (508) 416-9700

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$30 Filing Fee &
Certificate of Status

\$55 Filing Fee &
Certified Copy

\$60 Filing Fee,
Certificate of Status &
Certified Copy

**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: Syner-G Pharma Consulting 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: M21000008389

3. Jurisdiction of its organization: Massachusetts

4. Date authorized to do business in Florida: July 1, 2021

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

5. New name of the limited liability company: Syner-G BioPharma Group 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

2022 SEP 16 AM 9:06
SECRET

FILED

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>
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_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input checked="" type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
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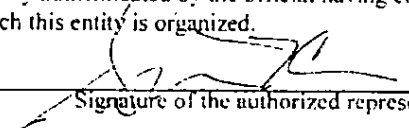
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
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9. 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

Stephen Cote

 Typed or printed name of signee

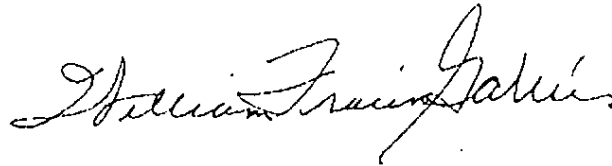
Filing Fee: \$25.00

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 2022 SEP 16 AM 9:06
 STATE OF NEW YORK
 COUNTY OF ...

THE COMMONWEALTH OF MASSACHUSETTS

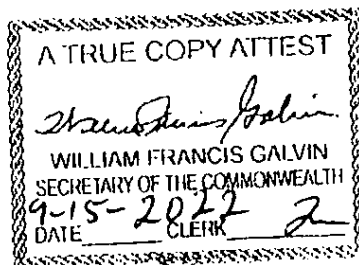
I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

October 22, 2021 11:05 AM



WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth



THE COMMONWEALTH OF MASSACHUSETTS

CERTIFICATE OF AMENDMENT
OF
CERTIFICATE OF ORGANIZATION
OF
SYNER-G PHARMA CONSULTING, LLC

Pursuant to the provisions of Massachusetts General Laws, Chapter 156C, the undersigned hereby certifies as follows:

1. The federal identification number of the domestic limited liability company is not available.
2. The name of the domestic limited liability company is Syner-G Pharma Consulting, LLC.
3. The date the original Certificate of Organization was filed was May 24, 2007.
4. Name and business address of each Manager is as follows:

Prabu Nambiar
15 Rocklawn Road
Westborough, Massachusetts 01581

5. The name and business address of each person authorized to execute documents to be filed with the Corporations Division is:

Binesh Prabhakar
2 Park Central Drive, Suite 110
Southborough, Massachusetts 01772

6. Name and business address of each person authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property whether to be filed with the Registry of Deeds or a district office of the Land Court is:

Prabu Nambiar
2 Park Central Drive, Suite 110
Southborough, Massachusetts 01772

7. The amendments to the Certificate of Organization is as follows:

The name of the limited liability company is amended to "Syner-G Biopharma Group LLC".

Name and business address of each Manager is as follows:

None.

The name and business address of each person authorized to execute documents to be filed with the Corporations Division is:

Binesh Prabhakar
2 Park Central Drive, Suite 110
Southborough, Massachusetts 01772

Prabu Nambiar
2 Park Central Drive, Suite 110
Southborough, Massachusetts 01772

Name and business address of each person authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property whether to be filed with the Registry of Deeds or a district office of the Land Court is:

Binesh Prabhakar
2 Park Central Drive, Suite 110
Southborough, Massachusetts 01772

Prabu Nambiar
2 Park Central Drive, Suite 110
Southborough, Massachusetts 01772

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10/22/2021 11:03:20 AM From: To: 6175243891(4/4)
DocuSign Envelope ID: 754179AE-9D8A-4EF1-ABC7-EBF78A21FC31

IN WITNESS WHEREOF, the undersigned hereby affirms under the penalties of perjury that the facts stated herein are true this 22nd day of October, 2021.

SYNER-G PHARMA CONSULTING, LLC

By: Prabu Nambiar
Name: Prabu Nambiar
Title: Authorized Person