

M22000002730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

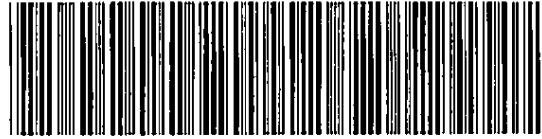
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300407514373

FILED
2023 JUN 14 AM 8:57
CLERK OF STATE
TALLAHASSEE, FL

RECEIVED
2023 JUN 14 AM 10:34
CLERK OF STATE
TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 06/14/2023

****WALK IN****

ENTITY NAME DASH Pharmaceuticals LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$25

ACCOUNT #: 120160000072

E B J/O

Please call Tina at the above number for any issues or concerns. Thank you so much!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2023

SUNSHINE STATE

SUBJECT: DASH PHARMACEUTICALS LLC
Ref. Number: M22000002730

CORRECTED
Please Allow For
Same File Date

We have received your document for DASH PHARMACEUTICALS LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 023A00013579

RECEIVED
2023 JUN 16 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: DASH Pharmaceuticals LLC

Enter new principal office address, if applicable: 300 Interpace Parkway, Suite C100

(Principal office address

MUST BE A STREET ADDRESS)

Parsippany, NJ 07054

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

300 Interpace Parkway, Suite C100

Parsippany, NJ 07054

2. The Florida document number of this limited liability company is: M22000002730

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 02/21/2022

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

5. New name of the limited liability company: Natco Pharma USA 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>
<u>MGR</u>	<u>Nicholas DiMaio</u>	<u>2 Park Way</u>	<input type="checkbox"/> Add
		<u>Upper Saddle River, NJ 07458</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Julie Trendowicz</u>	<u>2 Park Way</u>	<input type="checkbox"/> Add
		<u>Upper Saddle River, NJ 07458</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Veera Venkata Narasimha Apparao Sannidhanam</u>	<u>300 Interpace Parkway, Suite C100</u>	<input checked="" type="checkbox"/> Add
		<u>Parsippany, NJ 07054</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Subba Rao Mente</u>	<u>300 Interpace Parkway, Suite C100</u>	<input checked="" type="checkbox"/> Add
		<u>Parsippany, NJ 07054</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>David B. Rosen</u>	<u>2 Park Way</u>	<input type="checkbox"/> Add
		<u>Upper Saddle River, NJ 07458</u>	<input checked="" 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.

MSR
Signature of the authorized representative

Subba Rao Mente

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2023. 11. 14 AM 8:57
CLERK OF STATE
TALLAHASSEE, FL

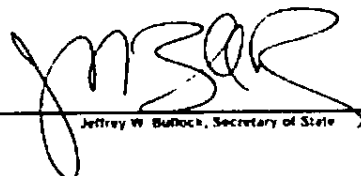
Delaware

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 "DASH PHARMACEUTICALS LLC", CHANGING ITS NAME FROM "DASH PHARMACEUTICALS LLC" TO "NATCO PHARMA USA LLC", FILED IN THIS OFFICE ON THE TWELFTH DAY OF APRIL, A.D. 2023, AT 11:52 O'CLOCK A.M.




Jeffrey W. Bullock, Secretary of State

CERTIFICATE OF AMENDMENT
TO THE
CERTIFICATE OF FORMATION
OF
DASH PHARMACEUTICALS LLC


Pursuant to Section 18-202 of the Delaware Limited Liability Company Act

It is hereby certified that:

1. The name of the limited liability company (hereinafter called the "limited liability company") is: Dash Pharmaceuticals LLC.
2. The original Certificate of Formation of the limited liability company was filed with the Secretary of State of the State of Delaware on June 3, 2014.
3. The Certificate of Formation of the limited liability company is hereby amended by striking Article "FIRST" thereof, so that, as amended, said Article "FIRST" shall read in its entirety as follows:

"FIRST: The name of the limited liability company (hereinafter called the "limited liability company") is: Natco Pharma USA LLC."

THE UNDERSIGNED, being an authorized person of the limited liability company, executes this Certificate of Amendment on this 12th day of April, 2023.



David B. Rosen
Authorized Person