## P1000087326

| (Re                                     | equestor's Name)   |             |
|-----------------------------------------|--------------------|-------------|
| (Ac                                     | idress)            |             |
| (Ac                                     | idress)            |             |
| (Ci                                     | ty/State/Zip/Phon  | e #)        |
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D CUSHING

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPO                                    | RATION: Amicus Medical                                                                  | Group, Inc.                                                        |                                                                                        |  |
|--------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|
|                                                  | BER: P10000087326                                                                       |                                                                    |                                                                                        |  |
| The enclosed Articles                            | of Amendment and fee are s                                                              | ubmitted for filing.                                               |                                                                                        |  |
| Please return all corre                          | spondence concerning this m                                                             | atter to the following:                                            | •                                                                                      |  |
|                                                  | David R. Rodriguez                                                                      |                                                                    |                                                                                        |  |
|                                                  |                                                                                         | Name of Contact Perso                                              | on                                                                                     |  |
|                                                  | Amicus Medical Group, Inc                                                               |                                                                    |                                                                                        |  |
|                                                  | <del></del>                                                                             | Firm/ Company                                                      |                                                                                        |  |
|                                                  | 1300 Concord Terrace, Suite 210                                                         |                                                                    |                                                                                        |  |
|                                                  | Address                                                                                 |                                                                    |                                                                                        |  |
|                                                  | Sunrise, FL 33323                                                                       |                                                                    |                                                                                        |  |
|                                                  |                                                                                         | City/ State and Zip Coo                                            | le                                                                                     |  |
| drodr                                            | riguez@amicusmso.com                                                                    |                                                                    |                                                                                        |  |
|                                                  | <del>-</del>                                                                            | sed for future annual report                                       | notification)                                                                          |  |
|                                                  | ,                                                                                       |                                                                    | ,                                                                                      |  |
| For further information                          | n concerning this matter, plea                                                          | se call:                                                           |                                                                                        |  |
| David R. Rodriguez                               |                                                                                         | at (561                                                            | ) 369-4255<br>de & Daytime Telephone Number                                            |  |
| Name of Contact Person Area Code & Daytime Telep |                                                                                         | de & Daytime Telephone Number                                      |                                                                                        |  |
| Enclosed is a check fo                           | r the following amount made                                                             | payable to the Florida Depa                                        | artment of State:                                                                      |  |
| \$35 Filing Fee                                  | □\$43.75 Filing Fee & Certificate of Status                                             | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |
| Ame<br>Divi:<br>P.O.                             | ling Address<br>ndment Section<br>sion of Corporations<br>Box 6327<br>thassee, FL 32314 | Amend<br>Divisio<br>Clifton                                        | Address Iment Section on of Corporations Building executive Center Circle              |  |

Tallahassee, FL 32301

STOREGARY OF STATE
STATES OF CORPORATIO

19 MAR -8 PM 5: 05

## Articles of Amendment to Articles of Incorporation of

|                                                                                                                                                         | on as currently filed with the Flor | rida Dent. of State)                |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------|
| 0000087326                                                                                                                                              | n as carrettly inca with the rior   | ina pepir of State)                 |              |
|                                                                                                                                                         |                                     |                                     | <del> </del> |
| (Docum                                                                                                                                                  | ent Number of Corporation (if kno   | wn)                                 |              |
| rsuant to the provisions of section 607.1006, Florida<br>Articles of Incorporation:                                                                     | Statutes, this Florida Profit Corpo | oration adopts the following amendr | ment(s       |
| If amending name, enter the new name of the co                                                                                                          | rporation:                          |                                     |              |
| A                                                                                                                                                       |                                     | The ne                              | <b></b>      |
| me must be distinguishable and contain the word<br>orp., "Inc., or Co., or the designation "Corp,<br>rd "chartered, "professional association, or the c | "Inc, or "Co . A professiona        | "incorporated or the abbreviation   | on           |
| Enter new principal office address, if applicable:                                                                                                      | N/A                                 |                                     |              |
| incipal office address <u>MUST BE A STREET ADD</u>                                                                                                      | RESS)                               | <del></del>                         | •            |
|                                                                                                                                                         |                                     |                                     | <u> </u>     |
|                                                                                                                                                         |                                     | ·                                   | HAR          |
| Enter new mailing address, if applicable:                                                                                                               |                                     |                                     | 1            |
| (Mailing address MAY BE A POST OFFICE BOX                                                                                                               | <u>N/A</u>                          |                                     | <u>~</u>     |
|                                                                                                                                                         |                                     |                                     | 14           |
|                                                                                                                                                         | <del></del>                         |                                     | ណ៉           |
|                                                                                                                                                         | <del></del>                         |                                     | .v           |
| If amending the registered agent and/or registere                                                                                                       | ed office address in Florida, enter | the name of the                     | J            |
| new registered agent and/or the new registered o                                                                                                        | ffice address:                      |                                     |              |
| N/A                                                                                                                                                     |                                     |                                     |              |
| Name of New Registered Agent                                                                                                                            |                                     | <del></del> ·                       |              |
| Name of New Registered Agent                                                                                                                            |                                     |                                     |              |
| Name of New Registered Agent                                                                                                                            | (Florida street address)            | <del></del>                         |              |
| Name of New Registered Agent  New Registered Office Address:  N/A                                                                                       | (Florida street address)            | , Florida                           |              |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X_Change             | PT          | John Doe    |         |
|-------------------------------|-------------|-------------|---------|
| X Remove                      | <u>v</u>    | Mike Jones  |         |
| _X Add                        | <u>\$V</u>  | Sally Smith |         |
| Type of Action<br>(Check One) | Title       | Name        | Address |
| l) Change                     |             | N/A         |         |
| Add                           |             |             |         |
| Remove                        |             |             |         |
| 2) Change                     |             |             |         |
| Add                           |             |             |         |
| Remove                        |             |             |         |
| 3) Change                     |             |             |         |
| Add                           |             |             |         |
| Remove                        |             |             |         |
| 4) Change                     |             |             |         |
| _                             | <del></del> |             |         |
| Add                           |             |             |         |
| Remove                        |             |             |         |
| 5) Change                     |             |             |         |
| Add                           |             |             |         |
| Remove                        |             |             |         |
| б) Change                     |             | _           |         |
| Add                           |             |             |         |
| Remove                        |             |             |         |

| E. If amending or adding additional Arti<br>(Attach additional sheets, if necessary). |                                                                                                              |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| N/A                                                                                   |                                                                                                              |
|                                                                                       |                                                                                                              |
| <del></del>                                                                           |                                                                                                              |
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|                                                                                       |                                                                                                              |
| At 16                                                                                 | the annual of isometric and consultation of isometric there                                                  |
| provisions for implementing the ame                                                   | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself; |
| (if not applicable, indicate N/A)                                                     |                                                                                                              |
| The corporation elects to provide preempti                                            | ive rights to certain shareholders as provided in that Shareholders Agreement                                |
| among the shareholders and the corporatio                                             | on dated as of or about the date of this Amendment.                                                          |
| **Authorized shares shall be 10,000 shares                                            |                                                                                                              |
| Additived states state to 10.500 state.                                               | 3.                                                                                                           |
|                                                                                       |                                                                                                              |
|                                                                                       |                                                                                                              |
|                                                                                       |                                                                                                              |
|                                                                                       |                                                                                                              |
|                                                                                       |                                                                                                              |
|                                                                                       |                                                                                                              |
|                                                                                       |                                                                                                              |

| The date of each amendment(s) a date this document was signed.        | doption:                                                                                                                                                                                 | , if other than th          |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Effective date if applicable:                                         |                                                                                                                                                                                          |                             |
| <del></del>                                                           | (no more than 90 days after amendment file date)                                                                                                                                         |                             |
| Note: If the date inserted in this document's effective date on the D | block does not meet the applicable statutory filing requirements, this datepartment of State's records.                                                                                  | te will not be listed as th |
| Adoption of Amendment(s)                                              | (CHECK ONE)                                                                                                                                                                              |                             |
| The amendment(s) was/were ad by the shareholders was/were so          | opted by the shareholders. The number of votes cast for the amendment(sufficient for approval.                                                                                           | i)                          |
| ☐ The amendment(s) was/were ap must be separately provided for        | proved by the shareholders through voting groups. The following statemed each voting group entitled to vote separately on the amendment(s):                                              | ent                         |
| "The number of votes cast                                             | for the amendment(s) was/were sufficient for approval                                                                                                                                    |                             |
| by                                                                    |                                                                                                                                                                                          |                             |
|                                                                       | (voting group)                                                                                                                                                                           |                             |
| The amendment(s) was/were add action was not required.                | opted by the board of directors without shareholder action and shareholde                                                                                                                | er                          |
| The amendment(s) was/were add action was not required.                | opted by the incorporators without shareholder action and shareholder                                                                                                                    |                             |
| 3/05/2019                                                             |                                                                                                                                                                                          |                             |
| DatedSignature                                                        |                                                                                                                                                                                          | •                           |
| (By a d                                                               | irector, prosident or other officer if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary) |                             |
|                                                                       | David R. Rodriguez                                                                                                                                                                       |                             |
|                                                                       | (Typed or printed name of person signing)                                                                                                                                                | <u></u>                     |
|                                                                       | President                                                                                                                                                                                |                             |
|                                                                       | (Title of person signing)                                                                                                                                                                |                             |

• . .