



State of Rhode Island
Department of State - Business Services Division

Certificate of Amendment to Application for Registration

FOREIGN Limited Partnership

→ Filing Fee: \$50.00

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R.I. DEPT. OF STATE,
BUS SVCS DIV
2023 MAY -8 P 1:38

Pursuant to the provisions of RIGL 7-13-52, the undersigned foreign limited partnership hereby submits the following Certificate of Amendment:

1. Entity ID Number: 000437665	2. The name of the partnership is: Rhodes Pharmaceuticals L.P.
3. A Certificate of Registration was issued to the limited partnership by the RI Department of State, authorizing 06/18/2008 it to conduct affairs in Rhode Island on:	
4. If the entity's name has changed, state the new name: <p style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></p>	
4a. The entity's name, if different, under which it proposed to register and transact business in Rhode Island is:	
5. If the entity's purpose is changing complete the following section: <i>*The new purpose should include ALL activity to be transacted in the State of Rhode Island.</i> <p>Check the box to indicate an attachment <input type="checkbox"/></p> <p style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></p>	
6. If the required address of the office to be maintained in the state or country of its organization has changed, complete the following section: <p style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></p>	
7. If the address of the office at which is kept a list of the names and addresses of the limited partners and their capital contributions has changed, complete the following section: <p style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></p>	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY ML RCR

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8. If the mailing address has changed complete the following section:

4701 International Blvd. Ste 307, Wilson, NC 27893

Check the box to indicate no change

9. If there is a change in the general partners complete the following section:

**List ALL general partners as of this amendment*

NAME	ADDRESS

Check the box to indicate an attachment

Check the box to indicate no change

10. If additional provisions have been added or amended, complete the following section:

Check the box to indicate an attachment

Check the box to indicate no change

11. As required by RIGL 7-13-69, the partnership has paid all fees and taxes.

12. Except as herein modified, the original Application for Registration continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Certificate of Amendment to the Application for Registration.

Under penalty of perjury, I declare and affirm that I have examined this Certificate of Amendment to Application for Registration of a Foreign Limited Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Print or Type Exact Name of Limited Partnership

RHODES PHARMACEUTICALS L.P.

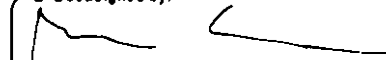
Print or Type Name of General Partner

PURDUE PHARMA INC.

Date

4/25/2023

Signature of General Partner



ROXANA ALEALI, V.P., DEPUTY GENERAL COUNSEL & ASST. CORP. SEC., PURDUE PHARMA INC.

03RCCCC1535945C



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

May 08, 2023 01:38 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

