

U06000042606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

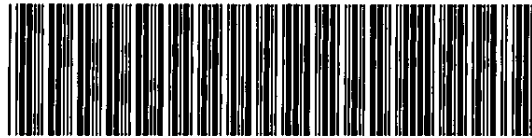
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CDD Global LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose A. Saavedra, Esquire
(Name of Person)

The Law Offices of Jose A. Saavedra
(Firm/Company)

5975 Sunset Drive, Suite 504
(Address)

Miami, Florida 33143
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA
5975 SUNSET DRIVE

For further information concerning this matter, please call:

Jose A. Saavedra, Esquire at (305) 372-3334
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CDD Global LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on April 24, 2006 and assigned document number L06000042606.

SECOND: This amendment is submitted to amend the following:

Article V is deleted in its entirety and the following is substituted in its place:

Article V

The name and address of managing members/managers are:

Title: Managing Member

Hospitalizacion Clinico, C.A.

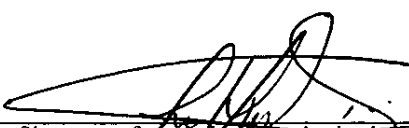
5975 Sunset Drive, Suite 504, Miami, Florida 33143

Title: Member

Medical Depot, S.A.

5975 Sunset Drive, Suite 504, Miami, Florida 33143

Dated April, 2007



Signature of a member or authorized representative of a member

Wilson Mourad



Typed or printed name of signee

Filing Fee: \$25.00

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