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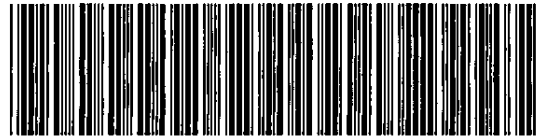
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** US ALLIANCE PHARMACEUTICALS, 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:

Michael William Skop  
(Name of Person)

Michael William Skop, P.A.  
(Firm/Company)

12865 West Dixie Highway  
(Address)

North Miami, FL 33162  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Michael Skop at ( 305 ) 899-8588  
(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**

US Alliance Pharmaceuticals, LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 11/13/2006 and assigned document number L06000109616.

**SECOND:** This amendment is submitted to amend the following:

Remove Arash Jabbari as Manager of the corporation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_

2007 MAR 21 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Dated 3/16, 2007.

\_\_\_\_\_  
Signature of a member or authorized representative of a member *ATTY FE US ALLIANCE PHARMACEUTICALS, LLC*

Michael W. Steep  
Typed or printed name of signee

**Filing Fee: \$25.00**