

L06000109616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

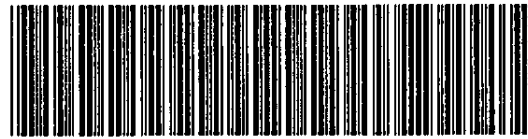
(Business Entity Name)

(Document Number)

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2011 DEC 14 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

DEC 15 2011

EXAMINER

**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:

**JAMSHID JABBARI**  
Name of Person  
  
Firm/Company  
  
**1717 N BAYSHORE DRIVE, STE 106**  
Address  
  
**MIAMI**  
City/State and Zip Code  
  
**MSCILIPOTI@GROUPEHEAFEY.COM**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**J. JABBARI** at ( **786** ) **777-0344**  
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**

**FILED**  
2011 DEC 14 AM 10:40

US ALLIANCE PHARMACEUTICALS LLC SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/13/2006 and assigned Florida document number L06000109616.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:** 1717 N BAYSHORE DRIVE  
**(Principal office address MUST BE A STREET ADDRESS)** SUITE 106  
MIAMI, FL 33132

**Enter new mailing address, if applicable:** \_\_\_\_\_  
**(Mailing address MAY BE A POST OFFICE BOX)** \_\_\_\_\_  
\_\_\_\_\_

**B. If amending the registered agent and/or registered office 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:** JAMSHID JABBARI

**New Registered Office Address:** 1717 N BAYSHORE DRIVE , STE 106  
*Enter Florida street address*

MIAMI, Florida 33132  
*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 608, 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**

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

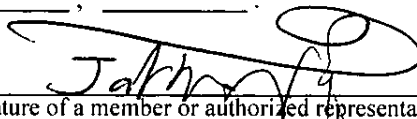
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SEDAGAT, BEY	1717 N BAYSHORE DRIVE UNIT 3850 MIAMI, FL 33132	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JABBARI, JAMSHID	1717 N BAYSHORE DRIVE SUITE 106 MIAMI, FL 33132	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

JAMSHID JABBARI

Typed or printed name of signee

2011 DEC 14 AM 09:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED