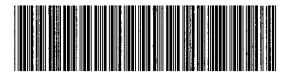
08000023022

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SECRETARY OF STATE

J. BRYAN

AUG 1 0 2009

EXAMINER

COVER LETTER

:OT

Registration Section

Tallahassee, FL 32314

Division of Co	rporations '		•	
SUBJECT:	AM P	HARMA, LLC		1.0
SUBSECT:		ited Liability Company		En T
				題の下
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.		OP AUG -7 PH 4: 22
Please return all correspondence concerning this matter to the following:				1707 E
	**************************************			福 2
		SAHIL KHANNA		
		Name of Person	· the s	_
		AM PHARMA LLC		
		Firm/Company		·
•	1:	933 N PINELLAS AVI	E	
Address				
		ON SPRINGS, FL, 3 City/State and Zip Code	71000	_
	HARS	HMEHTA02@GMAIL	.COM	
	E-mail address: (to be used for future annual rep	oort notification)	
For further information	concerning this matter, please	call:		
SA	HIL KHANNA	at (727)	848-8300	
Name	of Person		¿ Daytime Telephone Numbe	er
Enclosed is a check for				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	\$60.00 Fi	iling Fee, ate of Status &
		(additional copy is e	enclosed) Certifie	
			(autoinio	mai copy is enclosed,
•				
MAILING ADDRESS: Registration Section		STREET/G Registration	COURIER ADDRESS: on Section	
Division of Corporations		Division of Corporations		
P.O. Box 6327		Clifton Bui	ıldıng	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETA	09 AUG	FIL
1855.	SX OF ST	ED
,	SEE.	22

AM PHARMA, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 03/04/2008 and assigned The Articles of Organization for this Limited Liability Company were filed on L08000023022 Florida document number ___ 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." 1933 N PINELLAS AVE , TARPON SPRINGS Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) FLORIDA, 34689 1933 N PINELLAS AVE Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) TARPON SPRINGS, FLORIDA 34689 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: SAHIL KHANNA Name of New Registered Agent: 1933 N PINELLAS AVE New Registered Office Address: Enter Florida street address TARPON SPRINGS

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.

City

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>	Address	Type of Action		
MGR	SAHIL KHANNA	1933 N PINELLAS AVE TARPON SPRINGS , FLORIDA 34689	Add Remove		
MGR	HARSH MEHTA	2277 HANNAH WAY S DUNEDIN FLORIDA 34698	Add Remove		
			Add Remove		
*			Add Remove		
			Add Remove		
			Add Remove		
D. If amend	ding any other information, enter	change(s) here: (Attach additional sheets, if necessar	O9 AUG -7 PH 4: 22 SERRETARY OF STATE FIALLAHASSEE, FLORID		
Dated <u>OS</u>	La Calai	nember or authorized representative of a member			
	SAHIL KHANNA	Typed or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00