L090000 32364

(Requestor's Name)			
(Requestor's Name)			
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(Address)			
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B. KOHR
JUN 2 9 2009
EXAMINER





ACCOUNT NO. : 12000000195					
REFERENCE : 050218 4320744					
AUTHORIZATION: Spelle Man					
COST LIMIT : \$ 25.00					
ORDER DATE : June 26, 2009 ORDER TIME : 4:28 PM ORDER NO. : 050218-005					
ORDER TIME: 4:28 PM					
ORDER NO. : 050218-005					
CUSTOMER NO: 4320744					
Or.					
DOMESTIC AMENDMENT FILING					
NAME: DIRECT MEDS OF FLORIDA LLC					
EFFECTIVE DATE:					
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING					
CONTACT PERSON: Heather Chapman EXT# 2908					
EXAMINER'S INITIALS:					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Direct Meds of Florida LLC

New Registered Agent's Signature, if changing Registered Agent:

company has been notified in writing of this change.

(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 <u>U4-U3-20U</u>	J9 and assigned
Florida document number <u>L09000032364</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the wall.L.C."	ords "Limited Liability Company," the d	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	New York Control of the Control of t	
B. If amending the registered agent and/or registered agent and/or the new registered office ad	stered office address on our recorders here:	rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Flori	da street address)
	(City)	Florida(Zip Code)
	(CII)Y	(Zip Code)

(If Changing Registered Agent, Signature of New 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

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	Nicholas G. Sekas	515 Madison Avenue, 8th Floor New York, New York 10022	Add Remove
mgr	Herbert M. Selzer	c/o Loeb Block & Partners LLP 505 Park Avenue, 9th Floor New York, New York 10022	[2] Add Remove
mgr	Munr Kazmir	345 Grand Avenue Leonia, NJ 07605	Add Remove
mgr [.]	Diana Grimberg	c/o Loeb Block & Partners LLP 505 Park Avenuc, 9th Floor New York, New York 10022	[2] Add Remove
Catalogue - Henry	***************************************		Add Remove
			Add Remove
D. If amendi	ng any other information, enter chan	gë(s) here: (Attach additional sheets, if necessary.)	
Dated <u>June 2</u>	26	9	
		m	
	_	er or authorized representative of a member	
-	Mirce Kim, Esq., . Type	Authorized Representative d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00