

L10000007396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

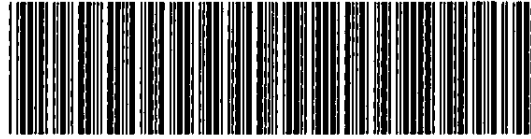
(Business Entity Name)

(Document Number)

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FILED
2012 FEB 29 AM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
Mar 1, 7 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2012

GONZALO ECHEVARRIA
14300 NE 2ND PLACE
MIAMI, FL 33161

SUBJECT: M.D.P. INTERNATIONAL, LLC
Ref. Number: L10000007396

We have received your document for M.D.P. INTERNATIONAL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 812A00007464

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: M.D.P. International, 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:

Gonzalo Echevarria

Name of Person

Firm/Company

14300 NE 2nd PL

Address

Miami, FL 33161

City/State and Zip Code

gonzalo737@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gonzalo Echevarria

Name of Person

at (786)

512-7948

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

2012 FEB 29 AM 1:25

M.D.P International. LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/21/2010 and assigned
Florida document number L10000007396.

This amendment is submitted to amend the following:

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

Alicura International, LLC

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:

14300 NE 2ND PL

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33161

Enter new mailing address, if applicable:

14300 NE 2ND PL

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33161

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:

New Registered Office Address:

14300 NE 2ND PL

Enter Florida street address

MIAMI

, Florida

33161

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

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Title	Name	Address	Type of Action
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 FEB 29 AM 1:26

FILED

Dated

2/28/12

Signature of member or authorized representative of a member

Gonzalo Echevarria

Typed or printed name of signer