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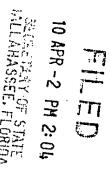
(Requestor's Name)							
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D. BRUCE

APR: 5 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: PURE PHARMACY 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:							
RICHARD G. TOLEDO ESQ Name of Person							
Firm/Company							
21 SE 1st AVENUE 10th FLOOR							
MIAMI, FLORIDA 33131 City/State and Zip Code RG-TOLEDO 1 @ AOL. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:							
For further information concerning this matter, please call:							
PICHARD TOLEDO at 305 577 9977 SON Area Code & Daytime Telephone Number of Person							
Enclosed is a check for the following amount:							
\$25.00 Filing Fee \$\ \times \t							

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**

(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 3/23/2010 and assigned Florida document number 10000031816							
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 th "L.L.C."	ne words "Limit	ed Liabilit	y Company,"	the designation	"LLC" or the abbreviation		
Enter new principal offices address, if applicable	_		10 A				
(Principal office address MUST BE A STREET ADDRESS)					ST N		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			a Wite	est Av # 16 Beach	FL 33140		
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:	Richa	ard	G. To	Ave			
New Registered Office Address:	21 5	SE	15+	Ave	10thFLOOR		
	Enter Florida street address						
_	MIAM	11		, Florida _	33131		
		City			Zip Code		
No. D. data de A. Cinnetone de Anneiro Des							

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 A 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 **Title Name Address Type of Action** PALHA HEDICAL MGR ☐ Add Remove GRUPO SALUD 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.), 2010 Dated Duan Signature of a member or authorized representative of a member Denise Romano Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00