## L01000008650

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## **COVER LETTER**

TO:	Registration Se Division of Cor		·	
SUBJE		Herbs, L.L.C.		
SUBJE		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	•	
ricase i	eturi an correspo	ndence concerning this matter	to the following:	
		Thomas Baur	Name of Person	
			Name of Person	
		Registerzentrale LLC		
			Firm/Company	
		100 N. biscayne Boulevard	d, New world tower, 21st Floor	
			Address	
		Miami, Fl 33132		
			City/State and Zip Code	
		tbaur@worldwidelaw.com	to be used for future annual report noti	(Cootton)
<b>5</b>				neation)
For turt	her information co	oncerning this matter, please ca	all:	
Thoma	s Baur		305 377-3561	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for th	e 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

Health and Herbs, L.L.C.				
( <u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)			
The Articles of Organization for this Limited Liability C	Company were filed on May 29, 2001	8	and ass	signed
Florida document number L01000008650	<u>_</u> .			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
Y2 Pharma LLC				
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" o	r the abbrevia	tion "L.	L.C."
Enter new principal offices address, if applicable:	-	<u> </u>		
(Principal office address MUST BE A STREET ADDI	RESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office add		FAILLAHASSEET CORIC	∵: S	of the ne
Name of New Registered Agent:		4	<u>ت</u>	
New Registered Office Address:				
	Enter Florida street address			
	, Floric			
	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Change
			□ Add
			Remove
		-	Change
			□ Add
			□-Remove
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			177 - C - TAHA 1777
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Filing Fee: \$25.00 •