

FROM

(THU) NOV 18 2010 7:40/ST. 7:35/No. 8300540897 P 1

Division of Corporations

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L03000035488

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H10000249780 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : DIEGO L. RESTREPO, P.A.
Account Number : I20060000072
Phone : (305) 447-9430
Fax Number : (305) 448-5541

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mirta@restrepolaw.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 NOV 18 AM 10:08

FILED

RECEIVED
10 NOV 18 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
Beta Pharmaceutical, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

25.00

J. SAULSBERRY
EXAMINER

NOV 19 2010

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Corporate Filing Menu

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FROM

(THU) NOV 18 2010 7:41/ST. 7:35/No. 9300540897 P 2

(H100002497803)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Beta Pharmaceutical, LLC

(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 9/18/2003 and assigned
Florida document number L03000035488.

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."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

2600 S. Douglas Road, Suite 1000

Enter Florida street address

Coral Gables, FL

, Florida

33134

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

FROM

(THU) NOV 18 2010 7:41/ST. 7:35/NO. 9300540997 P 3

(H100002497803)

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Lourdes Borges	1820 North Corporate Lakes Blvd. Suite # 303 Weston, FL 33326	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Jose Guillermo Gomez	1820 North Corporate Lakes Blvd. Suite # 303 Weston, FL 33326	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Julio A. Velez	1820 North Corporate Lakes Blvd. Suite # 303 Weston, FL 33326	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 NOV 18 AM 10:08

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Dated November 17, 2010

Signature of a member or authorized representative of a member

Diego L. Restrepo

Typed or printed name of signee

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