

L04000001015

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000228866 3)))



H090002288663ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

Account Name : ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, P.A.
Account Number : 076624003440
Phone : (305) 444-6226
Fax Number : (305) 442-4829

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

PREMIUM ABSORBENT DISPOSABLES, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$30.00

09 OCT 27 AM 8:22

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON

OCT 9 8 2009

EXAMINER

H09000228866 3

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PREMIUM ABSORBENT DISPOSABLES, 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 L04000011015 and assigned
Florida document number 02/10/2004.

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: _____

Enter Florida street address

City Florida 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

Page 1 of 2

H09000228866 3

FILED
09 OCT 27 AM 8:22
SECRETARY OF STATE
DIVISION OF CORPORATIONS

H09000228866 3

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
MGR	MONTIEL, RIGO	3551 HIGH RIDGE ROAD BOYNTON BEACH FL 33426	☒ Add ☐ Remove
MGR	GUEVARA V., BLAS R.	2100 SALZEDO STREET, SUITE 300 CORAL GABLES FL 33134	☒ Add ☐ Remove
MGR	JIMENEZ, MARIA JESUS	2100 SALZEDO STREET, SUITE 300 CORAL GABLES FL 33134	☐ Add ☒ Remove
MGR	GRETTER, FRANCO	3551 HIGH RIDGE ROAD BOYNTON BEACH FL 33426	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated OCTOBER 21, 2009

Signature of a member or authorized representative of a member

GRETTER, CARLO

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

FILED
09 OCT 27 AM 8:22
SECRETARY OF STATE
DIVISION OF CORPORATIONS

H09000228866 3