105000112509

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name) (Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer: 113 Name Charles 113				

Office Use Only

ì



600081282296

11/03/06--01019--018 **55.00

06 NOV -3 PH 4: 27
SECRETARY OF STATE FALLAHASSEE FLORIDA

LAW OFFICES

MITRANI, RYNOR & ADAMSKY, P.A.

2200 SUNTRUST INTERNATIONAL CENTER
ONE SOUTHEAST THIRD AVENUE
MIAMI, FLORIDA 33131

TELEPHONE (305) 358-0050 TELECOPIER (305) 358-0550

October 31, 2006

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Pharmed Health Alliances, LLC

Dear Sir/Madam:

We enclose the cover letter, duly executed Articles of Amendment to Articles of Organization of Pharmed Health Alliances, LLC, and Resolution to Change Name, and our firm's check in the amount of \$55.00, in the above-referenced matter. We have also enclosed a self-addressed, stamped envelope for your convenience in mailing us your letter of acknowledgement.

Very truly yours,

Sheryl S. Natelson

SSN/cjt Enclosures Pharmed Corp./Letter/Div. Corp.

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Pharmed Health Alliances, 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:				
Isaac J. Mitrani, Esq.				
(Name of Person)				
Mitrani, Rynor & Adamsky, P.A.				
(Firm/Company)				
One Southeast Third Avenue, Suite 2200				
(Address)				
Miami, Florida 33131				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Isaac J. Mitrani, Esq. at (305) 358-0050				
(Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Certificate of Status Solve Filing Fee & Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)				

TO:

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

Ph	narmed Health Alliances, LLC					
	(Present Name) (A Florida Limited Liability Company)					
FIRST:	The Articles of Organization were filed on 11/21/2005 and assig document number L05000112509	ned				
SECOND:	ND: This amendment is submitted to amend the following:					
	To amend the name of the limited liability company from Pharmed	nend the name of the limited liability company from Pharmed Health				
	Alliances, LLC to Pharmed Health Alliance, LLC. Please see attac	hed hereto	<u>, </u>			
	Resolution To Change Name, executed October 26, 2006.		_			
			_			
			_			
			_			
		<u></u>	_			
			_			
			<u>.</u>			
		Ζ̈́ω				
		E CR	_0 NO	- B		
		TANA AS	-A-			
Dated Oc	tober 30 , 2006 .	33 35 17 17 17 17 17 17 17 17 17 17 17 17 17	ယ	1		
Duteu	· · · · · · · · · · · · · · · · · · ·	F S	PH I	. 1		
j	x Ant	TATE ORIOA	4:27	I STATE		
_	Signature of a member or authorized representative of a member					
	Isaac J. Mitrani, Esq.					
	Typed or printed name of signee	 				

Filing Fee: \$25.00

RESOLUTION TO CHANGE NAME

WHEREAS, PHARMED HEALTH ALLIANCES, LLC, a Florida limited liability corporation (the "LLC"), desires to change its corporate name under which to conduct business to have the pharmed HEALTH ALLIANCE, LLC, be it:

RESOLVED, that the LLC adopts the corporate name, PHARMED HEALTH ALLIANCE, LLC, for the conduct of its business activities, and be it:

RESOLVED FURTHER, that the LLC record adoption and use of said corporate name with the appropriate entity responsible for maintaining public records.

The ASTRI Group, LLC	National Marketing Group Services, Inc.
By: Jorn R. dilespoke	By: Rogel Longaly, PRES
Its: President	Its: PRESIDENT
	/
Strategic Management Partners, Inc.	E.R.E. Investment, Inc.
By: Joyelland	Ву:
Its: President	Its: President

The undersigned hereby certifies that he/she is the duly elected and qualified Secretary and custodian of the books and records of **PHARMED HEALTH ALLIANCES**, **LLC**, a limited liability corporation duly formed pursuant to the laws of the State of Florida, and that the foregoing is a true record of a resolution duly adopted in accordance with state law and the Bylaws of the above named limited liability corporation on OCTOBER 26, 2006, and that said resolution is now in full force and effect without modification or rescission.

IN WITNESS WHEREOF, I have executed my name as Secretary of the above named LLC, this 26 [date] of October [month], 2006.

Secretary Secretary