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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|--|
| SUBJECT: Pharmed Health Alliance, 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: | | |
| Down M. Gale (Name of Person) | | |
| Advocare Nealth Alliance, LLC (Firm/Company) | | |
| 14101 Counterce Way | | |
| Miani Lakes FL 33016 (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| | | |
| | | |
| Enclosed is a check for the following amount: | | |
| \$25.00 Filing Fee \$\ \times \text{\$30.00 Filing Fee & Certificate of Status} \text{\$\sum_{\text{S55.00 Filing Fee} & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\text{\$\te | | |
| 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 | | |

(850) 245.6051

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Present Name)
(A Florida Limited Liability Company)

PHARMED HEALTH

The Articles of Organization were filed on document number <u>L 05000112500</u> and assigned FIRST: SECOND: This amendment is submitted to amend the following: Pharmed Health Alliance, LLC 106 12 Dated_ pember or authorized representative of a member Signatur

Filing Fee: \$25.00

Typed or printed name of signee