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COVER LETTER

TO: Registratio Division of	n Section Corporations		
SUBJECT: CDD	Global LLC		
Soboreti.	(Name of I	Limited Liability Company)	
The enclosed Article	es of Amendment and fee(s) are s	ubmitted for filing.	
Please return all corr	respondence concerning this matt	er to the following:	
	Jose A. Saavedra,	Esquire	
		(Name of Person)	7AL 38
	The Law Offices of Jo	ose A. Saavedra	
		(Firm/Company)	APR 30 APR 30 ARETARY AHASSE
	5975 Sunset Drive,	Suite 504	
		(Address)	1:25 JURIDA
	Miami, Florida 331	43	\$F 35
		y/State and Zip Code)	
For further informati	ion concerning this matter, please	call:	
Jose A.	Saavedra, Esquire	_{at (} 305) 372-3	3334
	(Name of Person)	(Area Code & Daytime	e Telephone Number)
	the following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di P.G	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 flahassee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n ations
14	annamuuwy a zu www l T	Tallahassee, FL 323	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CDD Global LLC

	(Present Name) (A Florida Limited Liability Company)				
FIRST:	The Articles of Organization were filed on April 24, 2006 and assigned document number L06000042606 and assigned.	d			
SECOND:	This amendment is submitted to amend the following:				
	Article V is deleted in its entirety and the following is substituted in its place:				
	Article V				
	The name and address of managing members/managers are:	IAL SE			
	Title: Managing Member	AH/			
	Hospitalizacion Clinico, C.A.	AW.			
	5975 Sunset Drive, Suite 504, Miami, Florida 33143				
		IATE			
	Title: Member				
	Medical Depot, S.A.				
	5975 Sunset Drive, Suite 504, Miami, Florida 33143				
Dated Ap	<u>ril</u> , <u>2007</u> .				
	Signature of a member of authorized Apresentative of a member				
	Wilson Mourad				
	Typed or printed name of signee				
	/ /				

Filing Fee: \$25.00