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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Care Pharma Holdings LLC (Name of Limited Liability Company)	
The e	nclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	e return all correspondence concerning this matter to the following:	
	Pablo L. Cejas (Name of Person)	•
	Aquarius Capital, LLC (Firm/Company)	<b>_</b> =
	2151 Leteune Road, Suite 307	OT APR 16
	Coral Gables FL 33134 (City/State and Zip Code)	OF CORPORATIONS
For fu	rther information concerning this matter, please call:	20
	Lisa M. Castro (Name of Person) at (305) 447-9493 (Area Code & Daytime Telephone Number)	_
	ed is a check for the following amount:  .00 Filing Fee \$\ \text{S55.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{\$}\text{\$\text{\$conditional copy is enclosed}}} \text{\$\text{\$\text{\$}\text{\$conditional copy is enclosed}}} \text{\$\text{\$\text{\$}\text{\$}\text{\$\text{\$}\text{\$}\text{\$}\text{\$\text{\$}\text{\$}\text{\$}\text{\$\text{\$}\text{\$}\text{\$}\text{\$\text{\$}\text{\$}\text{\$}\text{\$\text{\$}\text{\$}\text{\$}\text{\$}\text{\$\text{\$}\text{\$}\text{\$}\text{\$\text{\$}\text{\$}\text{\$}\text{\$}\text{\$}\text{\$\text{\$}\te	
	MAILING ADDRESS: Registration Section  STREET/COURIER ADDRESS: Registration Section	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Care Pharma Holdings LLC (Present Name) (A Florida Limited Liability Company)		
FIRST:	The Articles of Organization were filed on 817200 and assigned document number L000081309.		
SECOND:	This amendment is submitted to amend the following:		
	The name of the limited liability		
	company to: ACP 1, LLC		
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Dated A	pril 10 , 2007.		
	Palle in -		
	Signature of a member or authorized representative of a member		
	Pablo L. C-jas Managing Member  Typed or printed name of signee	•	

Filing Fee: \$25.00