

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Wooder wmmer

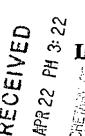
110432003053

Phone

: (561)694-8107

Fax Number

: (561)694-1639



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TEVA SPECIALTY PHARMACEUTICALS, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

J. BRYAN

APR 2 3 2009

EXAMINER



04/22/2009 15:08 5616941639 H09000097890

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Teva Specialty Pharmaceuticals, 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 12/27/06 Florida document number L06000122176 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Teva Respiratory, LLC 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)

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)

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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 = Ma MGRM = N	inager Managing Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	IVAX Corporation	cio Teya Pharmaceuticals USA, inc. 425 Privet Rd Horsham PA 19044	AddRemove
MGRM	IVAX Corporation	4400 Biscayne Blvd. Miami, FL 33137	Add 7 Remove
			Add Remove
			Add Remove
			Add Remove
 	pril 22 Znan Elle	iter change(s) here: (Attach additional sheets, if necessary) , 2019	O9 APR 22 AM 8: 13 SECRETARY OF STATE TALLAHASSEE, FLORIDA
	_	f a member or authorized representative of a member an, Assistant Secretary	<u> </u>
		Typed or printed name of signee	

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Filing Fee: \$25.00