

Division of Corporations Public Access System

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(((H08000020549 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : MYOS FINANCIAL GROUP, INC.

Account Number : I20070000101

Phone : (954)349-3399
Fax Number : (954)349-8242

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

#### ALDEXTRA BUSINESS & TECHNOLOGY, LLC

Certificate of Status	0
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January 25, 2008

FLORIDA DEPARTMENT OF STATE

Division of Corporations

MYOS FINANCIAL GROUP, INC.

SUBJECT: ALDEXTRA BUSINESS & TECHNOLOGY, LLC

REF: L080000002636

We have received your document for ALDEXTRA BUSINESS & TECHNOLOGY, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

Missing page (1) also note DOS only lists the Managers or Managing Member we will not list the Member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filling of your document, please call (850) 245-6067.

Neysa Culligan Document Specialist FAX Aud. #: H08000020549 Letter Number: 508A00005366

RECEIVED

08 JAN 25 AN IO: 29

SECHE STATE

FALLAHASSEE IN SPATE

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ALDEXTRA BUSINESS & TEC	CHNOLOGY, LLC	
(Name of the Limited Lia) (A Flo	bility Company as it now appears on ourida Limited Liability Company)	r records.
The Articles of Organization for this Limited Liabil	ity Company were filed on <u>01/08/20</u>	08 and assigned
Florida document number <u>L08000002636</u>		
This amendment is submitted to amend the followin	ng:	,
A. If amending name, <u>enter the new name of the</u>	limited liability company here:	
The new name must be distinguishable and end with the 'L.L.C."	words "Limited Liability Company," the	e designation "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address on our rec address here:	ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Flo	rida street address)
_		_, Florida
	(City)	(Zip Code)

### 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)

No. 3311

Jan. 25. 2008 11:25AM

MGR = Manager

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: H080000205493

<u>itle</u>	Name	Address	Type of Action
MGRM	ANTONIO GUITART JOSE Ph	2853 EXECUTIVE PARK DRIVE SUITE 105 WESTON, FLORIDA 33331	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
. If amend	ling any other information, enter chauge(s	s) bere: (Attach additional sheets, if necessary.)	
			08 JAN 25 / SECRETARY
Pated	metry 24, 200	<b>28</b> .	AM 8: 55 OF STATE

Typed or printed name of signes Page 2 of 2

Filing Fee: \$25.00

H080000205493

MARIA J DE ARTES DE ARCOS