

LD8000026889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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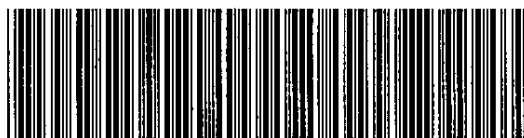
(Business Entity Name)

(Document Number)

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FILED
09 MAR 13 AM 11:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. O'Connell MAR 16 2009

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: National Pharmaceuticals and Medical Products (USA), 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:

Nicole Hill

(Name of Person)

National Pharmaceuticals and Medical Products (USA), LLC

(Firm/Company)

13650 NW 8th Street, Suite 109

(Address)

Sunrise, FL 33325

(City/State and Zip Code)

For further information concerning this matter, please call:

Nicole Hill

(Name of Person)

at (954) 903-5119

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
09 MAR 13 AM 11:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

National Pharmaceuticals and Medical Products (USA), 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 March 14, 2008 and assigned
Florida document number L08000026889.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

13650 NW 8th Street, Suite 109

(Principal office address MUST BE A STREET ADDRESS)

Sunrise, FL 33325

Enter new mailing address, if applicable:

13650 NW 8th Street, Suite 109

(Mailing address MAY BE A POST OFFICE BOX)

Sunrise, FL 33325

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:

Corporate Creations Network, Inc.

New Registered Office Address:

11380 Prosperity Farms Road #221E

(Enter Florida street address)

Palm Beach Gardens

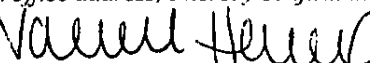
Florida 33410

(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.


Valerie Hawk, Special Secretary
(If Changing Registered Agent, Signature of New Registered Agent)

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 = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

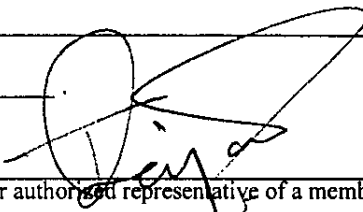
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated March 6, 2009



Signature of a member or authorized representative of a member

Jatin Rajani

Typed or printed name of signee

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 TALLAHASSEE, FLORIDA