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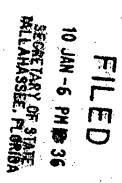
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D. BRUCE

JAN - 7 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co						
SUBJECT:	AZA Busine	ss Enterprises, LL0				
	Name of Lim	ited Liability Company		•		
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.				
Please return all corres	pondence concerning this matter	r to the following:				
		Bonnie A. Brown		_		
		Name of Person				
	Law Offi	ces of Bonnie A. Brow	n, LLC			
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		_		
	7	2 SM Floator Avenue				
		73 SW Flagler Avenue		 <b>S</b> ea		
	Stuart, FL 34994 City/State and Zip Code					
	honn	ie@bonnieabrownpa.c	com	8 5 0 L		
	E-mail address: (	to be used for future annual repo	ort notification)			
For further information	concerning this matter, please	call:				
Во	onnie A. Brown	at (_772 )	221-9024			
Name	of Person	Area Code &	Daytime Telephone Numb	er		
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 en	nclosed) Certifie	Filing Fee, cate of Status & ed Copy conal copy is enclosed)		
MAILING ADDRESS: Registration Section Division of Corporations		Registration Division of	Corporations			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Buil 2661 Execu				

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		nterprises, Ll			
(Name of the Limited (A	Liability Compa Florida Limited L	ny as it now appea liability Company)	rs on our records.)		
The Articles of Organization for this Limited Li	ability Company	were filed on	07/11/2008	and assigned	
Florida document numberL08000067	318				
This amendment is submitted to amend the following	wing:				
A. If amending name, enter the new name of	the limited liab	ility company he	re:		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Comp	any," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applicable:		4986 South 2	25th Street		
(Principal office address MUST BE A STREET ADDRE		Units 1-4		超量和	
		Fort Pierce,	FL 34981	5	
Enter new mailing address, if applicable:		2025 Heritage Drive			
(Mailing address MAY BE A POST OFFICE BOX)		Baltimore, M	D 21209	3	
B. If amending the registered agent and/or registered agent and/or the new registered of			our records, <u>enter t</u>	the name of the new	
Name of New Registered Agent:	Vitaly Kushner				
New Registered Office Address:	4986 South	25th Street, U	nit 1-4 nter Florida street ada		
	_				
<del></del>		Fort Pierce City	, Florida	34981 Zip Code	
		~ · · · ·		r	

## 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

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>	Name	Address	Type of Action
MGRM	ALMAVIRA, LLC	2025 Heritage Drive Baltimore, MD 21209	Add Remove
MGRM	Placido Ferrante	620 NW Stanford Lane Port St. Lucie, FL 34983	Add  Remove
			Add Remove
			Add Remove
			AddRemove
	_		Add Remove
D. If an	mending any other information, e	nter change(s) here: (Attach additional sheets, if neces.	sary.)
	One hundred percent (100%	6) of all member units of AZA Business	
	Enterprises, LLC were sold	to ALMAVIRA, LLC, a Florida Limited Liability	1.1
	Company on January 1, 20	10.	TO SEE
Dated _	January 1	and Jenand of a member or authorized representative of a member	
	-	acido Ferrante, Managing Member	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00