

L09000032364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

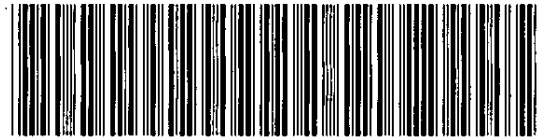
(Business Entity Name)

(Document Number)

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FILED
09 JUL 16 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
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2009 JUL 16 PM 4:13
NOT INTENDED
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B. KOHR

JUL 17 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 068860 4320744
AUTHORIZATION : *Squiddean*
COST LIMIT : \$ 25.00

ORDER DATE : July 16, 2009
ORDER TIME : 4:0 PM
ORDER NO. : 068860-005
CUSTOMER NO: 4320744

FILED
09 JUL 16 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC AMENDMENT FILING

NAME: DIRECT MEDS OF FLORIDA LLC

EFFECTIVE DATE:

XX___ ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- _____ CERTIFIED COPY
- XX___ PLAIN STAMPED COPY
- _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Wallace -- EXT# 2928

EXAMINER'S INITIALS: _____

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Direct Meds of Florida 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 04-03-2009 and signed
Florida document number L09000032364.

FILED
09 JUL 19 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: _____

(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)

_____, 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)

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>
MGR	<u>Herbert M. Selzer</u>	<u>c/o Loeb Block & Partners LLP</u> <u>505 Park Avenue, 9th Floor</u> <u>New York, New York 10022</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	<u>Manuel Grimberg</u>	<u>c/o Loeb Block & Partners LLP</u> <u>505 Park Avenue, 9th Floor</u> <u>New York, New York 10022</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

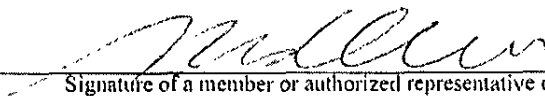
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The following is a complete list of the Members and Membership Units
issued by the company:

Diana Grimberg, A Member - 60 Membership Units

Direct Meds, Inc., A Member - 40 Memberships Units

Dated July 15, 2009



Signature of a member or authorized representative of a member

Miree Kim, Esq., Authorized Representative

Typed or printed name of signee