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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |

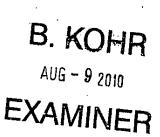
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BIVISION OF CORPORATIONS



COVER LETTER

| Division of Corporations | • |
|--|-----------------------|
| SUBJECT: Bespharma LLC | • . |
| Name of Limited Liability Company | |
| | |
| Section 1985 | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| | |
| Pamela Willis | VISI 10 A |
| Name of Person | AUG SION C |
| BesPharma | SI CON |
| Firm/Company | AR AR |
| | = シゾ |
| 2308 Bridgewood Ur | ATIONS ATIONS |
| Address | To the |
| Boca Raton FI 33434 | • |
| City/State and Zip Code | |
| Pawelad will se hotmail. Com E-mail address: (to be used for future annual report notification) | |
| | |
| For further information concerning this matter, please call: | |
| Damela WILLS at (561) 3710-8781 | |
| Name of Person Area Code & Daytime Telephone Number | • |
| | |
| | |
| Enclosed is a check for the following amount: | |
| \$25.00 Filing Fee \$30.00 Filing Fee \$ \$55:00 Filing Fee \$ \$60.00 Filing Fee \$ | ing Fee; |
| (additional copy is enclosed) Certified | l Copy |
| (addition | nal copy is enclosed) |
| | |
| | |
| MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section | • . |
| Division of Corporations Division of Corporations | - '. ' |
| P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2 2661 Executive Center Circle | • • |
| Tallahassee, FL 32314 Tallahassee, FL 32301 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Bes Phar | ma. L | LC | | | |
|--|--|---------------------------------------|--|--------------|------------------|
| (Name of the Limite | d Liability Company A Florida Limited Lia | y as it now appea ability Company) | rs on our records | •) | _ |
| | • | - F | 1/ 1 | • • • | |
| The Articles of Organization for this Limited | _ * * | vere filed on | 704720 | 209_and | d assigned |
| Florida document number LO9000 | 134416: | · | | | |
| | | 77 | 1 | | • |
| This amendment is submitted to amend the fo | llowing: | | • | | |
| | . 640 . 15 4 11 11 | | -i - | r.* | : · · · |
| A. If amending name, enter the new name | of the limited habii | ity company ne | <u>re:</u> | | |
| | | | | | |
| The new name must be distinguishable and end v | vith the words "Limite | ed Liability Comp | any," the designati | ion "LLC" or | the abbreviation |
| Little C. | | . : | | €. | • |
| Enter new principal offices address, if appl | icable: | | - | | <u> </u> |
| (Principal office address MUST BE A STRE | EET ADDRESS) | | | | 38. |
| | <u>.</u> | · · · · · · · · · · · · · · · · · · · | • | 6 | 5. 12 |
| | | | ************************************** | J | H ARE |
| Enter new mailing address, if applicable: | | - ` | | 2 | 로 경우다 라 |
| (Mailing address MAY BE A POST OFFICE | F ROY) | | ** | 3 | 5 25 |
| A A A A A A A A A A A A A A A A A A A | *** | | | | 1 3 |
| | • | · · · · · · · · · · · · · · · · · · · | · · · | <u> </u> | <u>v: 5</u> |
| B. If amending the registered agent and | I/or registered offi | ice address on | our records, en | iter the nar | ne of the nev |
| registered agent and/or the new registered | | | | • | |
| | | | | | + , • |
| Name of New Registered Agent: | | | | | |
| | | | | | |
| New Registered Office Address: | | F | nter Florida stree | et address | |
| · · · · · · · · · · · · · · · · · · · | | - Ei | ner Piorida siree | a uuur caa | |
| | | | , Florid | | <u> </u> |
| | • | City | | Zip | Code |
| New Pagistered 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 Address Type of Action <u>Title</u> <u>Name</u> Pamela D. Willis 2308 Bridgewood Dr Boca Paton F23343 ☐ Add Remove Soul Cat Marketing Inc. ☐ Remove ¬ Add~ ☐ Remove i⊓ Add ∙ Remove $\prod Add$ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010: Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00