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SECRETARY OF STATE
ALL AHASSEE, FLORID,

J. BRYAN

SEP 1 5 2009

EXAMINER

COVER LETTER

TO: Registration of Division of	on Section f Corporations			
SUBJECT:		AL PHARMA, LLC		
	Name of Limi	ted Liability Company		
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.		
Please return all cor	respondence concerning this matter	to the following:		
		onald W. Miller, Esq.		
		Name of Person		• •
	Г	Donald W. Miller, P.A.		15 00 15 00
	44484	Firm/Company	ES T	
	444	10 PGA Blvd., Suite 600 Address		EP IL PHI
				SEE P
	Palm l	Beach Gardens, FL 334	10	SECRETARY OF STATE
		City/State and Zip Code		RID RRID
	E-mail address: (i	vm@dwmlawyer.com to be used for future annual report r	notification)	· ·
For further informat	ion concerning this matter, please c	all:		
	nald W. Miller, Esq.	at (561)	366-7000	
Ni	ame of Person	Area Code & Da	ytime Telephone Number	
Enclosed is a check	for the following amount:			
✓ \$25.00 Filing Fe	ce \$\sums\$\sums\$\sums\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) Certified	e of Status &
M	IAILING ADDRESS:	STREET/CO	URIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TDI		ULADNA LLO		9 SEP 1
(Name of the Limited (A	GLOBAL P	HARMA, LLC	n our records.)	
(A	Florida Limited L	iability Company)	,	SSS
The Articles of Organization for this Limited Li	ability Company	were filed on	05/15/2009	ASSEE and assigned
Florida document numberL0900047	<u>'648</u> .			1:36 STATE FLORIDA
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
TF	RIGLOBAL PH	IARMA, LLC		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Company,	" the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		4440 PGA Blvd	., Suite 600	
(Principal office address MUST BE A STREE	T ADDRESS)	Palm Beach Ga	rdens	
		Florida 33410		
Enter new mailing address, if applicable:		P.O. Box 30633	;	
(Mailing address MAY BE A POST OFFICE BOX)		Palm Beach Ga		
		Florida 33420		
B. If amending the registered agent and/or the new registered of			records, enter t	he name of the new
Name of New Registered Agent:	Donald W. Miller			
New Registered Office Address:	4440 PGA E	Blvd., Suite 600	Florida street add	lvass
	Dalm	Beach Gardens		33410
	raiiii i	City	, Florida	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.

Ir 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 = N	Janaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Donald W. Miller	4440 PGA Blvd., Suite 600 Palm Beach Gardens Florida 33410	Remove
			□ n
	· 		□ Damaya
			FT
		-	Add Remove
D. If amend	ding any other information, e	nter change(s) here: (Attach additional sheets, i	f necessary.) O9 SEP 14 SECRETARY ALLIAHASSE
 Dated	September 11	2009 Mad Milles	PH 1:36 EFFLORIOL
	Signature	of a member or authorized representative of a member	er
		DONALD W. MILLER, Esq. Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00