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COVER LETTER

TO:	Registration Division of C			
SUBJI	ECT:	PHAR	MA U.S., LLC	
0020		Name of Lim	ited Liability Company	
The en	iclosed Articles	of Amendment and fee(s) are sul	omitted for filing.	
Please	return all corres	pondence concerning this matter	to the following:	
			HEIKE BUSBY	
			Name of Person	
		ALLU	JRE ACCOUNTING LLC	
			Firm/Company	
	•	3665 BC	NITA BEACH ROAD, S	ΓE. 3
			Address	
		BON	ITA SPRINGS, FL 3413	4
			City/State and Zip Code	
		HBUSBY@	ALLUREACCOUNTING	G.COM
For fu	rther information	E-mail address: (n concerning this matter, please of	to be used for future annual report reall:	otification)
	MAR	RENA LOEFFLER	at (239)	992-3355
		e of Person		time Telephone Number
		r the following amount:		•
₹ \$25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Osed) Certified Copy (additional copy is enclosed)
	Regi Divi P.O.	stration Section sion of Corporations Box 6327 shassee, FL 32314	STREET/COI Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	rporations g : Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

10 MAR -9 PM 2: 20

(<u>Name of the Limited</u> (A	PHARMA ULIABILITY Compair Florida Limited L	U.S., LLC ny as it now appears liability Company)	PALLAH:	ARY OF STATE ISSEE, FLORIDA
The Articles of Organization for this Limited Life Florida document number L09000108	ability Company			and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here	:	
GO	ODLIFE HEAL	THCARE LLC		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Compan	y," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applic	able:	N/A		
(Principal office address MUST BE A STREE	T ADDRESS)	·		
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/ registered agent and/or the new registered of			ur records, <u>enter tl</u>	ne name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Ente	er Florida street addr	ess
			, 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 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

<u> Fitle</u>	Name	Address	Type of Action
		N/A	T Dameaua
			Add Remove
			□ Domovo
			——————————————————————————————————————
			Party St.
			Remove
D. If amen	ding any other information, e	nter change(s) here: (Attach additional she	eets, if necessary.)
<u>N</u> 	/A		FILED 10 MAR -9 PM 2: 20 SECRETARY OF STATE ALLIAHASSEE, FLORID
Dated	02/17	<u>, 2010</u> .	<u>D</u> m 0
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Filing Fee: \$25.00