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TI JAN 20 AN II SA SECRETARY OF STATE

D. BRUCE
JAN 21 2011
EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Diabetic Solutions with Stem Cells LLC Name of Limited Liability Company
. The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kamala R Chapman
Name of Person
Firm/Company
7327 Tillman Drive
Lake Worth FL 33467 City/State and Zip Code
KRCD958 e gmail. com E-mail address: (to be used for future actual report notification)
For further information concerning this matter, please call:
Kanala R. Chapman at (561) 213-3737 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\text{\$

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Urabetic Solutions Wi	Th Stem Cells, LLC
. (A Florida Limited	pany as it now appears on our records.) Ed Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on <u>Feb. 23, 2010</u> and assigned
Florida document number L1 00000 26119	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lis	iability company here:
The new name must be distinguishable and end with the words "Li"L.L.C."	imited Liability Company," the designation "LLC" or the abbrevia
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AN 20 HASS
B. If amending the registered agent and/or registered	office address on our records enter the name of the
registered agent and/or the new registered office address h	
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
	. Florida
. <u></u>	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.

nending the Managers or Managing Members on our records, enter the title, name, and address of each Manager Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** HBA USA, LLC MGRM 6400 Congress the #2200 ☐ Add **Remove** MGRM GRQ. Inc. Remove Boca Raton FL 33487 ☐ Add Remove Add Remove Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2011 Dated

Page 2 of 2

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00