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ZOIO MAR 24 AM II: 15
SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS

MAR 2 5 2010

EXAMINER

COVER LETTER

•	•	:	
TO: Registration Section Division of Corp			
SUBJECT: Na	tignal Bio (Care, LLC led Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Alex Zouz	© ∪ / C√√ Name of Person	
	Alexander	Firm/Company	·
	_1270 Mille	AVE. Address	
		Citý/State and Zip Code	
	azouzoula E-mail address: (10	S Q g M A Co M o be used for future annual report notificati	ion)
For further information cor	ncerning this matter, please ca	all:	
Alex Zouzo Name of	U C S Person	at (407) 340 - 74 Area Code & Daytime Te	18 elephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

FILED

2010 MAR 24 AM 11: 15

bility Company as it now appears orida Limited Liability Company)	SECRETARY OF STATE TALL AHASSEE, FLORIDA on our records.)	
	and assigned	
ng:		
e limited liability company here:		
。 と、 C 。 e words "Limited Liability Company	," the designation "LLC" or the abbreviation	
2 :		
DDRESS)		
<u></u>		
registered office address on ou address here:	r records, enter the name of the new	
	P77 + 1	
Enter Florida street address		
City	, Florida Zip Code	
	ity Company were filed on	

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>	Address	Type of Action		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			AddRemove		
D. If ame	nding any other information, enter chang	e(s) here: (Attach additional sheets, if necessor	ary.)		
-			75		
- - -	1 arch 22 201	0	TALLAHASSEE, FI		
Dated	Signature of a member	or authorized representative of a member	FU SEE, FLORIDA		
_	Alex Zouzoul Typed	or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00