

L10000116653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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☐

MAIL

(Business Entity Name)

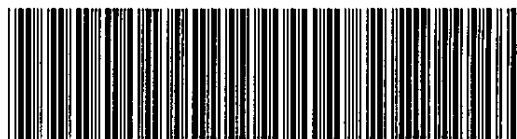
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 15 2011

EXAMINER



Web: [www.CaptivaRx.com](http://www.CaptivaRx.com)

August 7, 11

Florida Department of State  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

Please find enclosed the following forms and checks made payable to the Florida Department of State:

- Captiva Pharma, LLC: Amendment, L10000116653, \$60.00
- Viadiem Therapeutics, LLC: Dissolution, L11000020066, \$25.00
- Pharmakinetic, LLC: Dissolution, L09000071376, \$25.00
- Viadiem Holdings, LLC: Dissolution, L11000006029, \$25.00

If you have any questions, please feel free to call or contact us.

Sincerely,

A handwritten signature in dark ink, appearing to be "Rhett S. Daniels", written over a horizontal line.

Rhett S. Daniels, M.Sc.  
President / EVP of Scientific Affairs

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

Captiva Pharma, 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:

Beth Trezze

Name of Person

Captiva Pharma, LLC

Firm/Company

13650 Fiddlesticks Blvd.

Address

Ste 202-257

ft. Myers, FL 33912

City/State and Zip Code

Beth@captivarex.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beth Trezze

Name of Person

at ( 404 788-9109 )

Area Code & Daytime Telephone 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)

☒ \$60.00 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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Captiva Pharma, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/9/10 and assigned  
Florida document number L10000116653

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

~~8337 Proven~~  
5352 Chippendale Cir.  
Fl. Myers, FL 33919

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Rhett S. Daniels

New Registered Office Address:

13650 Fiddlesticks Blvd. ste 202-297  
Enter Florida street address

Fl. Myers  
City

Florida

33912  
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.*

[Signature]  
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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Andrew E. Rosenthal	8805 Tamiami Trail N. Ste 118 Naples, FL 34108	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Christopher E. Day	8805 Tamiami Trail N. Ste 118 Naples, FL 34108	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 8/6/11

Signature of a member or authorized representative of a member

Elizabeth A. Trezza

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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