## L11000006033

| (Requestor's Name)                      |
|---|
| , , ,                                   |
| (Address)                               |
| ,                                       |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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| .                                       |
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03/07/11--01023--015 \*\*25.00

FILED 11 MAR -7 PM 3: 57 SECRETARY OF STATE FALLAHASSEE, FLORID

J. BRYAN

MAR - 8 2011

**EXAMINER** 

## **COVER LETTER**

| то:     | Registration So<br>Division of Cor |  |  | · · · · · · · · · · · · · · · · · · ·   |
|---------|------------------------------------|--|--|---|
| SUBJE   | cor:                               | NANO HEALT   | TH PRODUCTS, LLC   |   |
|         | <u></u>                            | Name of Limi   | ted Liability Company  |   |
| The en  | closed Articles of                 | Amendment and fee(s) are sub   | omitted for filing.  |   |
| Please  | return all correspo                | ondence concerning this matter   | to the following:  |   |
|         |                                    |  |  |   |
|         |                                    |  | Name of Person   |   |
| NANO H  |                                    |  | HEALTH PRODUCTS, LLC   |   |
|         |                                    |  | Firm/Company   | EGG # TI  |
| 795     |                                    |  | 55 MANDARIN DRIVE  | HAST A-1  |
|         |                                    | 能是四  |  |   |
|         |                                    | FILED<br>11 MAR -7 PM 3: 57<br>SECRETARY OF STATE<br>FALLAHASSEE, FLORIO |  |   |
|         |                                    | S7   |  |   |
|         |                                    | BRYAN@N/   | ANOHEALTHPRODUCTS.C to be used for future annual report notifice   | OM  |
| For fur | ther information                   | concerning this matter, please of  | ·  | mony  |
|         | BRY                                | 'AN GINBERG  | at (   | 89-1307   |
|         | Name o                             | of Person  | Area Code & Daytime  | Felephone Number  |
| Enclos  | ed is a check for t                | he following amount:   |  |   |
| \$25    | 5.00 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) |
|         | Regist<br>Divisi<br>P.O. B         | LING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314 | STREET/COURIE<br>Registration Section<br>Division of Corporat<br>Clifton Building<br>2661 Executive Cent<br>Tallahassee, FL 3230 | ions<br>er Circle   |

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| NANO  | ) HEALTH F                               | <u>PRODUCTS, L</u>                           | LC                         |                          |  |  |
|---|--|--|----------------------------|--------------------------|--|--|
| (Name of the Limite   | I Liability Compa<br>A Florida Limited I | ny as it now appears<br>Liability Company)   | on our records.            | 6 1 AT 1                 |  |  |
|   |  | • • •  | F                          | 温盖 二                     |  |  |
| The Articles of Organization for this Limited L   | iability Company                         | were filed on                                | 01/14/2011                 | and assigned             |  |  |
| lorida document number <u>L11000006033</u>  |  |  |                            |                          |  |  |
| This amendment is submitted to amend the fol  | lowing:                                  |  |                            | FLORITE STATE            |  |  |
| A. If amending name, enter the new name of  | of the limited liab                      | oility company here                          | 2:                         | Ę.                       |  |  |
| The new name must be distinguishable and end w "L.L.C."   | ith the words "Lim                       | ited Liability Compar                        | ny," the designation "l    | .LC" or the abbreviation |  |  |
| Enter new principal offices address, if appli   | cable:                                   | 7955 MANDARIN DRIVE<br>BOCA RATON, FL, 33433 |                            |                          |  |  |
| (Principal office address MUST BE A STRE  |  |  |                            |                          |  |  |
| Enter new mailing address, if applicable:   |  | 7955 MANDA                                   | RIN DRIVE                  |                          |  |  |
| (Mailing address MAY BE A POST OFFICE   | BOX)                                     | BOCA RATON, FL, 33433                        |                            |                          |  |  |
| B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: |  | <u>re</u> :                                  | ur records, <u>enter t</u> | he name of the new       |  |  |
| New Registered Office Address:  | 7955 MANI                                | DARIN DRIVE                                  |                            |                          |  |  |
| THE TOPESTON OTHER PROPERTY.  |  |  | er Florida street ada      | ress                     |  |  |
|   | BC                                       | OCA RATON                                    | , Florida                  | 33433                    |  |  |
|   |  | 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 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    |
|--------------|--------------------------------|---|-------------------|
| MGR_         | STEVEN SOLOMON                 | 21710 FRONTENAC COURT<br>BOCA RATON, FL 33433         | Add  Remove       |
| MGR_         | FREDERICK BOCK                 | 6193 BAY ISLES DRIVE<br>BOYNTON BEACH, FL 33437       |                   |
| <del></del>  |                                |   | Add Remove        |
|              | <del></del>                    |   | Add Remove        |
| <del></del>  |                                |   | Add<br>Remove     |
|              |                                |   | Add Remove        |
| D. If amen   | nding any other information, e | nter change(s) here: (Attach additional sheets, if ne | -7 P              |
| _            |                                |   | T STATE<br>FLORID |
| Dated        | Tuesday, March 1               | ,2011   |                   |
|              | Signature o                    | f a member or authorized representative of a member   |                   |
|              |                                | BRYAN GINBERG   |                   |
|              |                                | Typed or printed name of signee                       |                   |

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Filing Fee: \$25.00