L11000089465

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAI	IL,				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



600210825286

08/22/11--01018--006 **25.00

TI AUG 22 PM 1: 23
SECRETARY OF STATES
AND ANASSEE, FLORID.

J. BRYAN

AUG 23 2011

EXAMINER

COVER LETTER

TO:	Registra Division	lion Scition of Corporations		
SUBJE	CT:	CBRN TH	ERAPEUTICS, LLC	
20202			mited Liability Company	
The enc	losed Artic	eles of Amendment and fee(s) are s	submitted for filing.	
Please re	eturn all co	orrespondence concerning this matt	ter to the following:	
			Wayne McClain	E 9 7 _
			Name of Person	福昌一
F		İ	Federal Industries, Inc.	製る「
			Firm/Company	SHO B
			307 S. Willow Ave.	AUG 22 PH 1: 28
-			Address	黑 3
			T 51 00000	£
			Tampa, FL 33606 City/State and Zip Code	
		W	•	
		E-mail address:	vayne@federal.us.com (to be used for future annual report notification)	
For furth	er informa	tion concerning this matter, please	call:	
		Wayne McClain	at (813) 254-2800	
	N	ame of Person	Area Code & Daytime Telephone Number	
Enclosed	l is a check	for the following amount:		
\$25.0	0 Filing Fe	ce \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &
4.6 am	R D P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, 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

CBRI	N THERAPEUTICS, LLC	;	
(Name of the Limited L (A F	iability Company as it now appears lorida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liab	<u> </u>	8/1/11	and assigned
Florida document numberL110000894	<u>65 </u> .		
This amendment is submitted to amend the follow	ring:		17 T T T T T T T T T T T T T T T T T T T
A. If amending name, enter the new name of the	ne limited liability company here	:	TALLANDS SECRETARY
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Compan	y," the designation '	LLC' for the aboreviation
Enter new principal offices address, if applicab	le:		THE CO.
(Principal office address MUST BE A STREET)	4DDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO		· · · · · · · · · · · · · · · · · · ·	
		····	
B. If amending the registered agent and/or		r records, <u>enter</u>	the name of the new
registered agent and/or the new registered office	e address here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, 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 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 **MGRM** WAYNE MCCLAIN 307 S. WILLOW AVE. ☐ Add TAMPA, FL 33606 ✓ Remove MGRM Federal Industries, Inc. 307 S. WILLOW AVE. **√** Add TAMPA_FL_33606 Remove ☐ Add Remove ∏Add Remove \square Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 04 Dated ___ gnature of a member or authorized representative of a member Wayne McClain Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00