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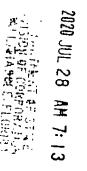
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S. YOUNG



## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE	Talbot's Ph	armaceuticals Family Products	LLC	:
SOINE		Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Louise Hakim Moore		
			Name of Person	****
		Talbot's Pharmaceuticals F	Family Products LLC	
			Firm/Company	
		3030 Aurora Avenue		
			Address	
		Monroe, LA 71201		
		louisem@nuby.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual rep	ort notification)
For fur	ther information c	oncerning this matter, please ca	all:	
Wanda	Chaney		318 338-3	3172
	Name o	f Person	Area Code	Daytime Telephone Number
Enclose	ed is a check for th	ne following amount:		/
□ \$2:	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)

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Talbot's Pharmaceuticals Family Products 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 12/08/11	and assigned
Florida document number L11000138327		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
	<del> </del>	
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter	the name of the new registered
agent and/or the new registered office address acre.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	i
	, Flo	orida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, an provided for in Chapter 605, I	nd I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Louise Hakim Moore	3030 Aurora Avenue 2nd Floor	<b>=</b> Add
		Monroe, LA 71201	□Remove
			□Change
MGR	Joseph Daniel Hakim	3030 Aurora Avenue 2nd Floor	□Add
		Monroe, LA 71201	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			Change

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num . *	
an effecti <u>ote:</u>   f	date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed effective date on the Department of State's records.
record s is filed	cities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	1/24/20
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00