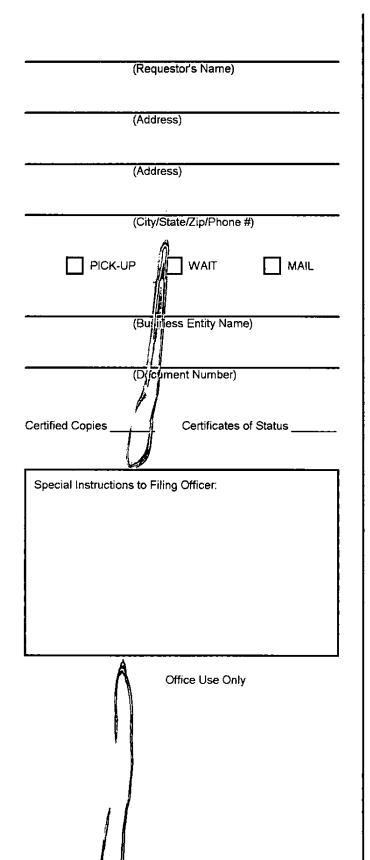
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

-1 PH 12: 08

B. BOSTICK

MAY - 2 2013

EXAMINER

COVER LETTER

TO: Registration Se Division of Co		÷		
SUBJECT:	ZD BI	OTECH, LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	F	Post Formation Filings		
		Name of Person		
		MyCorporation		
		Firm/Company		
23586		Calabasas Road, Suite 102	201: SE TALL	
		Address		
		Calabasas, CA 91302	2013 MAY -1 SECRETARY ALLAHASSE	
		City/State and Zip Code	PMI2: 08 OF STATE EFFLORIO	
	E-mail address: (to be used for future annual report notificati	© PRID OR 10 PRID OR 1	
For further information	concerning this matter, please of	call:	70 10 80	
	Formation Filings	— u. (/	4-7639	
Name :	of Person	Arca Code & Daytime Te	lephone Number	
Enclosed is a check for t	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 ADDDESS.		STORET/COUDIED	ADDDESS.	

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

ZD BIOTI	ECH, LLC			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Compan	y were filed on	12/20/2011	and assign	ed
Florida document number <u>L11000142462</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company her	<u>re</u> :		
AnnWilliams S	•			
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Compa	any," the designation "		eviation
Enter new principal offices address, if applicable:	<u></u>		2013 MA SECRE	
(Principal office address MUST BE A STREET ADDRESS)				
		·	- I	
			PH E.FL	17
Enter new mailing address, if applicable:			PHIZE FLORII	
(Mailing address MAY BE A POST OFFICE BOX)			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
B. If amending the registered agent and/or registered (office address on o	our records, enter	the name of t	he nev
registered agent and/or the new registered office address he	re:		· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:				
	En	Enter Florida street address		
<u></u>		, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Mana MGRM = Ma	nger naging Member	•	
<u>Title</u>	Name	Address	Type of Action
MGRM	Mei Deng	65 King Fisher Way Boynton Beach, EL 33436	Add Ø Remove
MGRM	Annie Wong	65 King Fisher Way Bovnton Beach, FL 33436	Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
	April 26th. 20		ZOI3 MAY - 1 PM 12: 08 SECRETARY OF STATE TAILLAMASSEE, HLORING
(Dated)	1015000	- 1. Wat	
-		or authorized representative of a member	
	Contraction of the Contraction o	am Wong, MGRM	
-		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00