M9600000082

00855-02846-029	163 rud Cort.
(Requestor's Name)	
(Address)	
(Address)	800047
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	03/04/05
(Business Entity Name)	WW 64765
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer: 3//8 NAM Change	
M910-282	

Office Use Only

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THE SHAPIRO FIRM

345 Franklin Street, San Francisco, CA 94102 415.255.9230 415.651.8712 fax rshapiro@shapiro-firm.com

February 24, 2005

To Whom It May Concern:

Enclosed please find a name change amendment for a Foreign LLC. Please forward the certified copy to the following address:

Tropico Management Attn: Jennifer Martin PO Box 3015 Kingshill, St. Croix USVI 00851

Please contact me at the above number with any questions.

Very Truly Yours,

Rachel E. Shapiro



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 7, 2005

RACHEL E. SHAPIRO 345 FRANKLIN STREET SAN FRANCISCO, CA 94102

SUBJECT: NATIONAL FINANCIAL COMPANIES LLC

Ref. Number: M96000000282

We have received your document for NATIONAL FINANCIAL COMPANIES LLC and your check(s) totaling \$55.00. However, the document has not been filed and is being retained in this office for the following:

You must provide a Certificate, no more than 90 days old, evidencing the aforementioned amendment, duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 505A00015621

Michelle Hodges Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department
of State: National Financial Companies LC
2. Jurisdiction of its organization:
3. Date authorized to do business in Florida: 7 31 9 6
SECTION II (4-7 complete only the applicable changes)
4. If the amendment changes the name of the limited liability company, when was the
change effected under the laws of its jurisdiction of organization?
5. New name of the limited liability company:
FACTOR HEALTH GROUP, LLC
6. If the amendment changes the period of duration, indicate new period of duration:
in the amendment entanges the period of duration, indicate new period of duration.
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:
and the correction: 1) (
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the furisdiction under the law of which this entity is organized.
GW 35
Signature of a member or the authorized representative of a member
CAIL CIUAPIRO
Typed or printed name of signee
Filing Fee: \$25.00

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF
DELAWARE DO HEREBY CERTIFY THAT THE SAID "NATIONAL FINANCIAL
COMPANIES LLC" FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS
NAME TO "FACTOR HEALTH GROUP, LLC", ON THE THIRTY-FIRST DAY OF
JANUARY, A.D. 2005, AT 8 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FACTOR HEALTH GROUP, LLC", IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY.



Darriet Smith Windsor, Secretary of State

AUTHENTICATION: 3735176

DATE: 03-10-05

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