

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Teva Specialty Pharmaceuticals, LLC		04/22/2009	LIMITED LIABILITY COMPANY: FLORIDA
RECEIVING PARTY DATA			
Name:	Teva Respiratory, LLC		
Street Address:	425 Privet Road		
City:	Horsham		
State/Country:	PENNSYLVANIA		
Postal Code:	19044		
Entity Type:	LIMITED LIABILITY COMPANY: FLORIDA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	77271196	GO THE DISTANCE	
CORRESPONDENCE DATA			
Fax Number:	(212)425-5288		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	(212) 425-7200		
Email:	tmdocketny@kenyon.com		
Correspondent Name:	Howard J. Shire, Esq.		
Address Line 1:	One Broadway		
Address Line 4:	New York, NEW YORK 10004		
ATTORNEY DOCKET NUMBER:	1907/A742US1		
NAME OF SUBMITTER:	Howard J. Shire, Esq.		
Signature:	/Howard J. Shire/		
Date:	11/19/2009		

OP \$40.00 77271196

Total Attachments: 3

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April 23, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TEVA RESPIRATORY, LLC
ATTENTION: LEGAL AFFAIRS
425 PRIVET ROAD
HORSEHAM, PA 19044

Re: Document Number L06000122176

The Articles of Amendment to the Articles of Organization for TEVA SPECIALTY PHARMACEUTICALS, LLC which changed its name to TEVA RESPIRATORY, LLC, a Florida limited liability company, were filed on April 22, 2009.

This document was electronically received and filed under FAX audit number H09000097890.

Should you have any questions regarding this matter, please telephone (850) 245-6051, the Registration Section.

Joey Bryan
Regulatory Specialist II
Division of Corporations

Letter Number: 909A00013642

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Teva Specialty Pharmaceuticals, 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 12/27/06 and assigned Florida document number L06000122176.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Teva Respiratory, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: N/A
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A
(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: N/A

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	IVAX Corporation	c/o Teva Pharmaceuticals USA, Inc. 425 Privat Rd Horsham, PA 19044	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	IVAX Corporation	4400 Biscayne Blvd. Miami, FL 33137	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated April 22, 2009.

Brian Shanahan
Signature of a member or authorized representative of a member

Brian Shanahan, Assistant Secretary
Typed or printed name of signee