

## 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
IVAX Research, LLC		05/16/2008	LIMITED LIABILITY COMPANY: FLORIDA
RECEIVING PARTY DATA			
Name:	Teva Global Respiratory Research, 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	
Registration Number:	0618557	POLYCITRA	
CORRESPONDENCE DATA			
Fax Number:			
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Email:	rwhite@trenam.com		
Correspondent Name:	Richard White		
Address Line 1:	101 E. Kennedy Blvd.		
Address Line 2:	Suite 2700		
Address Line 4:	Tampa, FLORIDA 33602		
ATTORNEY DOCKET NUMBER:	122133 (RAW)		
NAME OF SUBMITTER:	Richard White		
Signature:	/Richard White/		

Date:

08/14/2013

**Total Attachments: 3**

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**FLORIDA DEPARTMENT OF STATE**  
Division of Corporations

May 19, 2008

Re: Document Number L06000122193

The Articles of Amendment to the Articles of Organization for IVAX RESEARCH, LLC which changed its name to TEVA GLOBAL RESPIRATORY RESEARCH, LLC, a Florida limited liability company, were filed on May 19, 2008.

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

Buck Kohr  
Regulatory Specialist II  
Division of Corporations

Letter Number: 008A00031672

P.O. BOX 6327 -Tallahassee, Florida 32314

**TRADEMARK**  
**REEL: 005091 FRAME: 0501**

2007-11-14 PM 1:30  
FILED  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

IVAX Research, 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 L08000122193.

This amendment is submitted to amend the following:

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

Teva Global Respiratory Research, 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>
N/A	_____	_____	<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
_____	_____	_____	<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.)*

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated May 16, 2008

*M. E. [Signature]*  
Signature of a member or authorized representative of a member  
Sr. Vice President  
Typed or printed name of signer