## Florida Department of State

Division of Corporations
Public Access System

#### **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H090000382373)))



H090000382373ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page, Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)220-1440

09 FEB 18 AH 10: 07

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

RECEIVED

19 FEB 18 PM 2: 26

SECHETARY OF STATE

ALLAHASSEE FLORIDA

#### EMPIRE PHARMACY CONSULTANTS L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25,00

Electronic Filing Menu

Corporate Filing Menu

G. MCLEÖB

FEB 19 2009

EXAMINER

FROM : LAZARUS

FAX NO. :3052201440

Feb. 18 2009 03:33PM P2

	0 0 0 0 3 8 2 3 7 CLES OF AMENDMEN TO	SECRE DIVISION 09 FEB
ARTIC	LES OF ORGANIZATI OF	
(Name of the Limited L) (A F)	mACY CONSULTANT ability Company as it now appear orida Limited Liability Company)	ra on our recurda
The Articles of Organization for this Limited Liab	llity Company were filed on	and assigned
Florida document number [ 070000	<u>6180</u>	,
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of the	e limited liability company her	<u>.</u> .
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Compa	my," the designation "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(E	nter Florida street address)
		. Florida
•	(City)	(Zip Code)
New Registered Agent's Signature, if changing Rec	istered Avent:	

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 Now Registered Agent)

Page 1 of 2

# HUY 000038237

Feb. 18 2009 03:34PM P3

GR = Man	Member being added or removed	non op geograf.	
	anaging Member		
i <u>tle</u>	<u>Name</u>	Address	Type of Actio
1CRM	NANCY NUR		Add
			Remove
., <u>-</u> / <u></u>	And the first to the second		🔲 Add
		- We death for a black day of the second	Remove
<del>-,</del>	the second secon		Add
			Remove
		<u> </u>	Add
			Remove
	Meri Product a management of the control of the con		Add
			Remove
	ARTER APPLE SUPER-ARTER AND		Add
			Remove
		ange(s) here: (Attach additional sheets, if nevess	
		RMAILING ADDRESS!	
*	# # # 218	STREET	T I STORY THE STATE OF THE STAT
	miami F	-∠ 32/3/\	94 (P - 147) - 147) - 147) - 147) - 147)
ted	EB 18 , .	2004.	
		4/1/6	
— <del>m</del> .			
— <del>************************************</del>	Signature of a mer	mbor or authorized representative of a member	- 14 , ,

•

Filing Fee: \$25.00