

L0900008541S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

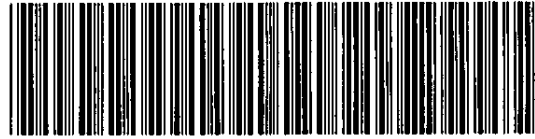
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. SCOTT
OCT 24 2016

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921 North Palafox Street
Pensacola, FL 32501
850-316-8179
fax: 850-898-3377
leuchtmanlaw.com

Gary B. Leuchtman
Board Certified in Wills, Trusts & Estates

Alfred J. Lojo

October 6, 2016

Florida Secretary of State
Registrations Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Sims Pharmacy, LLC.

Dear Sir or Madam:

Enclosed herewith are the following documents:

1. check number 002170 in the amount of \$25.00.
2. Articles of Amendment to Articles of Organization form for the referenced.

Please amend the Articles of Organization accordingly, thank you.

If you have any questions or concerns, please do not hesitate to contact our office.

Very truly yours,

A handwritten signature in cursive script that reads 'Amanda'.

Amanda J. Lendenmann
Legal Assistant
For the Firm

/al
Enclosures

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sims Pharmacy, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary B. Leuchtman
Name of Person
Leuchtman Law
Firm/Company
921 N. Palafox Street
Address
Pensacola, FL 32501
City/State and Zip Code
gbl@leuchtmanlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary B. Leuchtman at 850 316-8179
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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 ADDRESS:
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

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TALLAHASSEE, FLORIDA

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

Sims Pharmacy, 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 September 2, 2009 and assigned Florida document number L09000085415.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

Gary B. Leuchtman

New Registered Office Address:

921 N. Palafox Street

Enter Florida street address

Pensacola

Florida

325

City

Zip Code

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TALLAHASSEE, FLORIDA

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Sharon Sims	20 McLane Road	<input type="checkbox"/> Add
		Gulf Breeze, FL 32561	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Hollie Fletcher	1177 Gulf Breeze Pkwy	<input checked="" type="checkbox"/> Add
		Gulf Breeze, FL 32561	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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