

LD9 0001/4120

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(Address)

(Address)

(City/State/Zip/Phone #)

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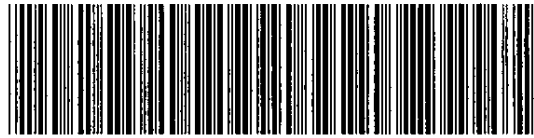
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JAN 19 PM 12:47

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T. CLINE

JAN 20 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: METRO DRUGS L.L.C.
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:

ROXANNE BADR

Name of Person

METRO PHARMACY L.L.C.

Firm/Company

12717 CYNTHIA LANE

Address

CLERMONT, FL 34715

City/State and Zip Code

PHARMRGIRL@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

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2010 JAN 19 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ROXANNE BADR

Name of Person

at (**352**)

233-9060

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

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

METRO DRUGS L.L.C.

(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 12-01-2009 and assigned
Florida document number L09000114120.

This amendment is submitted to amend the following:

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

METRO PHARMACY L.L.C.

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:

(Principal office address MUST BE A STREET ADDRESS)

318 WEST COLONIAL DRIVE

ORLANDO, FL 32801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

318 WEST COLONIAL DRIVE

ORLANDO, FL 32801

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:

ROXANNE BADR

New Registered Office Address:

318 WEST COLONIAL DRIVE

Enter Florida street address

ORLANDO

, Florida

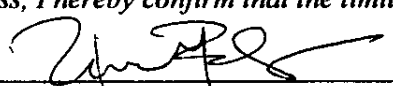
32801

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	ROXANNE BADR	12717 CYNTHIA LANE CLERMONT, FL 34715	☐ Add ☒ Remove
MGRM	ROXANNE BADR	318 WEST COLONIAL DRIVE ORLANDO, FL 32801	☒ Add ☐ Remove
MGRM	ELSIE ACEVEDO	2238 KETTLE DR ORLANDO, FL 32835	☐ Add ☒ Remove
MGRM	ELSIE ACEVEDO	318 WEST COLONIAL DRIVE ORLANDO, FL 32801	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated 1/14 January 14, 2010.

Signature of a member or authorized representative of a member
Roxanne Badr
Typed or printed name of signee