# \*4/3000106067

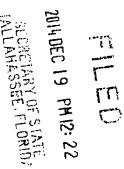
| (Re                     | questor's Name)   |             |
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| PICK-UP                 | ☐ WAIT            | MAIL        |
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| (Bu                     | siness Entity Nar | ne)         |
|                         |                   |             |
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|                         |                   |             |
| Certified Copies        | Certificates      | s of Status |
|                         | _                 |             |
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| Special Instructions to | Filing Officer:   |             |
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Office Use Only



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EXAMINER
DEC 31 2014

# **COVER LETTER**

| TO: Registration Section Division of Corporation |                                               |                                                                     |                                                                                            |
|--------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| SUBJECT: Richard                                 | l Lindner, LLC                                |                                                                     |                                                                                            |
| DODULET                                          |                                               | ed Liability Company                                                |                                                                                            |
|                                                  |                                               |                                                                     |                                                                                            |
| The enclosed Articles of An                      | nendment and fee(s) are subm                  | nitted for filing.                                                  |                                                                                            |
| Please return all corresponde                    | ence concerning this matter to                | the following:                                                      |                                                                                            |
|                                                  |                                               | •                                                                   |                                                                                            |
|                                                  | Richard Lindn                                 | ner                                                                 |                                                                                            |
|                                                  |                                               | Name of Person                                                      | <del></del>                                                                                |
|                                                  |                                               |                                                                     |                                                                                            |
|                                                  |                                               | Firm/Company                                                        |                                                                                            |
|                                                  |                                               |                                                                     |                                                                                            |
|                                                  | P. O. Box 669                                 | ), 16418 Captiva Dr.                                                | <u> </u>                                                                                   |
|                                                  |                                               | Address                                                             |                                                                                            |
|                                                  | Cantina EL                                    | 33024                                                               |                                                                                            |
|                                                  | Captiva, II                                   | 33924 City/State and Zip Code                                       | <del></del>                                                                                |
|                                                  | rlindner@unic                                 | onstone.net be used for furure annual report notific                |                                                                                            |
| _                                                | É-mail address: (to                           | be used for future annual report notific                            | ation)                                                                                     |
| For further information conc                     | terning this matter, please cal               | 1:                                                                  |                                                                                            |
| Jerrold S.                                       | Stern                                         | at (239) 472-15                                                     | 55                                                                                         |
| Name of Pe                                       | rson                                          | Area Code Daytime 1                                                 | Celephone Number                                                                           |
|                                                  |                                               |                                                                     |                                                                                            |
| Enclosed is a check for the f                    | ollowing amount:                              |                                                                     |                                                                                            |
| □ \$25.00 Filing Fee                             | 23 \$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 Tailahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2014 DEC 19 PM 12: 22

Zip Code

| Richard Lindner                                                                                              | , LLC                    | ري:                        | URANA FA 12: 22                       |
|--------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------|---------------------------------------|
| (Name of the Limited Liability C<br>(A Florida Lii                                                           | •                        | ars on our records.)       | CRETARY OF STATE<br>AHASSEE, FLORIDA  |
| The Articles of Organization for this Limited Liability Com L13000106067  Florida document number            | npany were filed on _    |                            | and assigned                          |
| This amendment is submitted to amend the following:                                                          |                          |                            |                                       |
| A. If amending name, enter the new name of the limited                                                       | d liability company l    | nere:                      |                                       |
| Huntsville, AL - Walgreens, LLC                                                                              |                          |                            |                                       |
| The new name must be distinguishable and end with the words "Limite                                          | d Liability Company," th | e designation "LLC" or the | abbreviation "L.L.C."                 |
| Enter new principal offices address, if applicable:                                                          | <del></del>              |                            |                                       |
| (Principal office address MUST BE A STREET ADDRES                                                            | <u>S.S)</u>              |                            |                                       |
|                                                                                                              |                          |                            |                                       |
|                                                                                                              | <del></del>              |                            |                                       |
| Enter new mailing address, if applicable:                                                                    |                          |                            | ·                                     |
| (Mailing address MAY BE A POST OFFICE BOX)                                                                   |                          |                            |                                       |
|                                                                                                              | <del></del>              |                            |                                       |
|                                                                                                              |                          |                            |                                       |
| B. If amending the registered agent and/or register registered agent and/or the new registered office addres |                          | on our records, enter      | the name of the nev                   |
| Name of New Registered Agent:                                                                                |                          |                            | · · · · ·                             |
| New Registered Office Address:                                                                               |                          |                            |                                       |
|                                                                                                              | Enter Fl                 | orida street address       | · · · · · · · · · · · · · · · · · · · |
|                                                                                                              |                          | 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: FILED MGR = Manager 2014 DEC 19 PM 12: 22 AMBR = Authorized Member TALLAHASSEE, FLORING Type of Action Title. <u>Name</u> **Address** □ Add ☐ Remove \_\_\_\_\_ Remove \_□ Add ☐ Remove ☐ Add \_\_\_ 🗆 Remove \_\_ 🗆 Add ☐ Remove

|                          | •                                                                                                                                                                             |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>.</u>                 |                                                                                                                                                                               |
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|                          |                                                                                                                                                                               |
| Effectiv                 | e date, if other than the date of filing: (optional)                                                                                                                          |
| The effect               | ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after                                                             |
| (The effect              | e date, if other than the date of filing:                                                                                                                                     |
| The effect<br>the date t | ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after                                                             |
| The effect<br>the date t | rive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State) |
| The effect<br>the date t | rive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State) |
| The effect<br>the date t | rive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State) |
| The effect<br>the date t | December 15, , 2014                                                                                                                                                           |

Page 3 of 3

Filing Fee: \$25.00

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2014 DEC 19 PHIZ: 22