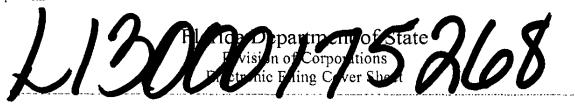
6/17/2016 10:31:47 AM From: To: 6506176383(1/5)



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 : (850) 205-8842 Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RELIABLE PHARMACY, LLC

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COVER LETTER

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SUBJECT:	RELIABLI	E PHARMACY, LLC	,		
SOBJECT	·	Name of Lin	nited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		FATHY M ELSAFTY			
		· · · · · · · · · · · · · · · · · · ·	Name of Person		
		ADVANCED BUSINESS	& TAX SERVICES		
			Firm/Company		
		3100 S GESSNER RD ST	E 115		
			Address		
		HOUSTON TX 77063			
			City/State and Zip Code	,	
		Fathy Aly <fathyaly@sbcg< td=""><td></td><td></td><td></td></fathyaly@sbcg<>			
			to be used for future annual report notifica	ation) Res 2	
For further i	nformation co	oncerning this matter, please c	all:	الله المحترب ا	1
FATHY M.	ALY		713 780-9290 at ()	elephone Number	7.E
	Name of	Person		i i i i i i i i i i i i i i i i i i i	ľ
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Enclosed is	a check for th	e following amount:		0.5 A	
□ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

6/17/2016 10:31:47 AM From: To: 8506176383(3/5)

ARTICLES OF AMENDMENT TO ' ARTICLES OF ORGANIZATION OF

RELIABLE PHARMACY, LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now annears on our r Liability Company)	ecords.)	
The Articles of Organization for this Limited I Florida document number L13000175268 This amendment is submitted to amend the fol	·	were filed on 12/20/2013		and assigned
	_			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabil	lty Company," the designation	"LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE			1-4	
	_	PROPERTY	F-1-1	
	•	•		
Enter new mailing address, if applicable: (Mailing uddress MAY BE A POST OFFICE BOX)		3100 S GESSNER RD	<u> </u>	
		STE 115		
		HOUSTON TX 77063	ر السالية المسالة المس	<u>></u> <u>0</u>
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> ;	cords, enter-the	
	1200 South Pin	e Island Road		
New Registered Office Address:		Enter Florida street d	address	-
	Plantation,		, Florida 33324	
		City	Zi	p Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the	ner and complete istered agent as p	performance of my dutie provided for in Chapter :	es, and I am famil 605, F.S. Or, if th	iar with and is document is

Page 1 of 3

Lesile Martin Assistant Secretary

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

6/17/2016 10:31:47 AM From: To: 8506176383(4/5)

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>	Address	Type of Action
MGRM	HOWARD FRANK	10232 NW 46TH STREET	Add
		SUNRISE FL 33351	☐ Remove
			Change
MGRM	FATHY M. ELSAFTY	1757 S SAN MARCO BLVD	
		MARCO ISLAND FL 34145	□ Remove
			☐ Change
			□ Add
			□ Remove
			Change
-			(A)
			Change D
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change

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Page 3 of 3 Filling Peer, \$25.00

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