

L14000096338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

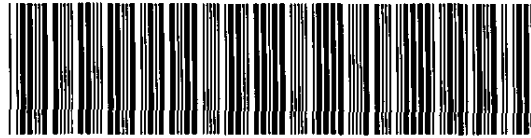
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
DEPARTMENT OF STATE  
CORPORATION  
2014 SEP 10 AM 11:34  
TALLAHASSEE, FLORIDA  
SUPERIORITY OF FILING

FILED  
14 SEP 10 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2 Burch SEP 11 2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 290449 4369500  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$25.00

ORDER DATE : September 9, 2014  
ORDER TIME : 5:10 PM  
ORDER NO. : 290449-010  
CUSTOMER NO: 4369500

DOMESTIC AMENDMENT FILING

NAME: HMCSFL, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: HMCSFL, 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:

**Lynn Swanson**

Name of Person

**HM Compounding Services LLC**

Firm/Company

**6751 North Federal Highway, Suite 101**

Address

**Boca Raton, Florida 33487**

City/State and Zip Code

**LynnS@hmcompound.com**

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

For further information concerning this matter, please call:

**Lynn Swanson**

Name of Person

at **(561) 404-8895**

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**

HMCSFL, 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 6/16/2014 and assigned Florida document number L14000096338.

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Corporation Service Company

New Registered Office Address: 1201 Hays Street  
Enter Florida street address

Tallahassee, Florida 32301  
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 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.*

*Cornie Wood, Asst Secretary*  
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:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGRM	<u>Spencer J Malkin</u>		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove

MGRM	<u>Barret Malkin</u>		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove

MGRM	<u>Alex Chervinsky</u>		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove

MGR	<u>Alex Chervinsky</u>	<u>6751 North Federal Highway</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 101</u>	<input type="checkbox"/> Remove
		<u>Boca Raton, Florida 33487</u>	

MGR	<u>Spencer Malkin</u>	<u>6751 North Federal Highway</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 101</u>	<input type="checkbox"/> Remove
		<u>Boca Raton, Florida 33487</u>	

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA

**FILED**

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

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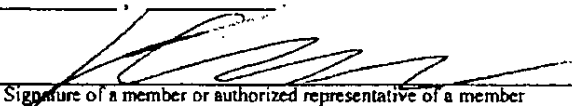
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 9, 2014

  
Signature of a member or authorized representative of a member

Alex Chervinsky, Authorized Representative

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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