

L22000034440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

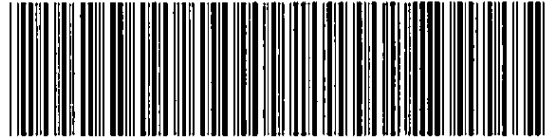
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer.

Office Use Only



200424227982

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2024 MAR -4 AM 9:14

STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2024 MAR -4 AM 10:50

STATE  
TALLAHASSEE, FLORIDA



FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

Please use funds from this account: 12021000160: \$25.00

Authorization Signature:   
Metropolitan Drugs LLC L22000034440  
Business Document #

Walk in  Pick up time \_\_\_\_\_  
 Mail out  Will wait

Certified copy of articles of  
 Certificate of Status

**NEW FILINGS**

Profit  
 Not for Profit  
 Limited Liability  
 Domestication  
 Other  
 **CORP**  
 **LLLP**

**OTHER FILINGS**

Annual Report  
 Fictitious Name

APOSTIL \_\_\_\_\_  
Country

**AMMENDMENTS**

Amendment  
 Resignation of R.A. Officer/Director  
 Change of Registered Agent  
 Dissolution/Withdrawal  
 Merger  
 Conversion

**REGISTRATION/QUALIFICATIONS**

Foreign filing  
 Limited Partnership  
 Reinstatement

Other

**COVER LETTER**

TO: **Registration Section  
Division of Corporations**

SUBJECT: Metropolitan Drugs 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:

Husham Abdel Mageed  
Name of Person

Metropolitan Drugs LLC  
Firm/Company

3445 Berkeley St Apt# 304  
Address

Alexandria, VA 22302  
City/State and Zip Code

shoshazarin44@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Husham Abdel Mageed at (571) 265 9212  
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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Metropolitan Drugs LLC

FILED

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2024 MAR -4 AM 9:15

The Articles of Organization for this Limited Liability Company were filed on 1/18/2022  
Florida document number L22000034440

and assigned OF STATE  
TALLAHASSEE, FLORIDA

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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida

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.*

\_\_\_\_\_  
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>
AMBR	Husham Abdel Mageed	3445 Berkeley St, Apt # 304 Alexandria VA 22302	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

2024 MAR 14 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 03/01/2024

*Mazin Elamin*

Signature of a member or authorized representative of a member

Mazin Elamin

Typed or printed name of signee