

L15000151398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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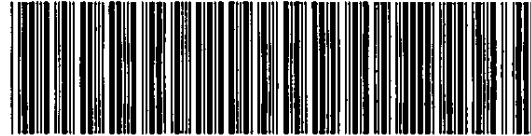
(Business Entity Name)

(Document Number)

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2016 APR 21 PM 12:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

APR 22

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Service Pro Pharmacy, 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:

Tiffany Sullivan  
Name of Person

Tiffany A. Sullivan, P.A.  
Firm/Company

4507 Woodbine Road  
Address

Pace, FL 32571  
City/State and Zip Code

+sullivan@sullivan-law.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tiffany Sullivan at ( 850 ) 889-4012  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Service Pro Pharmacy, LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 9/3/15 and assigned  
Florida document number L15000151398.

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>
MGR	William Chandler	5328 Rowe Trail	<input type="checkbox"/> Add
		Pace, FL 32571	<input checked="" 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
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			<input type="checkbox"/> Change

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

William Chandler resigned as owner/member/  
manager effective 2/12/16

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E. Effective date, if other than the date of filing: 2/12/16 (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 4/19/16, \_\_\_\_\_.

Tiffany A. Sullivan, Attorney  
Signature of a member or authorized representative of a member

Tiffany A. Sullivan, Attorney  
Typed or printed name of signer

SPECIAL MEETING OF THE MEMBERS OF  
SERVICE PRO PHARMACY, LLC

Pursuant to the authority contained in Chapter 607 of the Florida Statutes, the undersigned, being a Member Manager for SERVICE PRO PHARMACY, LLC, do hereby approve, adopt, take and ratify the following actions taken at the Special Meeting of the Members held on February 12, 2016:

WHEREAS, present for the meeting were William D. Chandler and Stuart Viator,

WHEREAS, the purpose of the meeting was for William D. Chandler to announce his resignation from the LLC,

RESOLVED, that William D. Chandler has resigned from the LLC, and

RESOLVED FURTHER, that Stuart Viator shall be the sole member and manager of the LLC,

RESOLVED FURTHER, that the LLC shall file its annual report with the Department of State reflecting said changes.

Dated this 12th day of February, 2016.

  
STUART VIATOR  
Member/Manager