# 44325

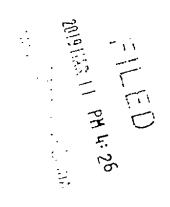
	<u> </u>	
(R	equestor's Name)	
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(C	ity/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
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(D	Ocument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to	o Filing Officer:	
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### **COVER LETTER**

Divisio	n of Corpo	prations		
	ATIN PHA	RMA SUPPLIES, LLC		
SUBJECT:	-	Name of Limi	ited Liability Company	
The enclosed Ar	ticles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all	correspond	dence concerning this matter	to the following:	
		DIEGO L. RESTREPO ES	SQ.	
			Name of Person	<u>.</u>
		DIEGO L. RESTREPO P.A	۸.	
		_	Firm/Company	
		2600 SOUTH DOUGLAS	ROAD, SUITE 913	
			Address	
		CORAL GABLES, FL 331	34	
		LUISA@RESTREPOLAW	City/State and Zip Code .COM	
		E-mail address: (t	to be used for future annual report n	otification)
For further infor	mation cor	ocerning this matter, please ca	di:	
DIEGO L. RES	TREPO ES	SQ.	305 447-9430	
	Name of I	Person	at () Area Code Days	ime Telephone Number
Enclosed is a ch	eck for the	following amount:		
■ \$25.00 Filin	ig 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:

TO:

Registration Section

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**

AR			
ART	=		2019 HAR ILEL
LATIN PHARMA SUPPLIES, LL	LATIN PHARMA SUPPLIES, LLC  (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)  Articles of Organization for this Limited Liability Company were filed on document number 12000044325  Intended to amend the following: Intended to amend the following: Intended to amend the following: Intended to amend the limited liability company here:  In amending name, enter the new name of the limited liability company," the designation "LLC" or the abbreviation "LLC" or new principal offices address, if applicable:    N/A		
(Name of the Limi	ted Liability Company (A Florida Limited Lia	as it now appears on our rebility Company)	cords.)
The Articles of Organization for this Limited L Florida document number <u>L12000044325</u>		ere filed on 03/30/2012	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liabilit	ty company here:	
N/A			
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 applic	cable:	N/A	
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	-	N/A	
registered agent and/or the new registered o	ffice address here:	ce address on our rec	ords, enter the name of the new
	N/A		
New Registered Office Address:		Enter Florida street ac	ldress
			. 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.

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>	Address	Type of Action
MGR	MIRTA ABREU	2600 SOUTH DOUGLAS ROAD, SUITE 913	
		CORAL GABLES, FL 33134	■ Remove
			Change
MGR	INTERNATIONAL ADVISORS SERVICE, LLC	2600 SOUTH DOUGLAS ROAD. SUITE 913	■ Add
		CORAL GABLES, FL 33134	□ Remove
			Change
			□ Remove
			☐ Change
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		<del> </del>	Change
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			Remove
			☐ Change

				<b>_</b>
				<del></del>
ctive date, if other than the date of fi	iling:		(optional)	
effective date is listed, the date must be specific If the date inserted in this block does nument's effective date on the Department	and cannot be prior to one of the capplicables.	date of filing or more than	90 days after filing.) Pursuar	
ecord specifies a delayed effectiv ne 90th day after the record is file		an effective time, a	t 12:01 a.m. on the	earlier
d MARCH 4TH	2019	ed representative of a med		
	1 /1093	The state of the s		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00