

L04000066129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

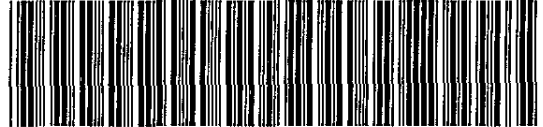
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2005 JUL -1 PM 1:04  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J BRYAN JUL - 7 2005

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PHARMACY ENTERPRISES, 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:

CHRISTOPHER DIPASQUALE  
(Name of Person)

PHARMACY INNOVATIONS, LLC  
(Firm/Company)

14345 SUNSET LANE  
(Address)

SOUTHWEST RANCHES, FLORIDA 33330  
(City/State and Zip Code)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

CHRISTOPHER DIPASQUALE at ( 954 ) 252-7200  
(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) |
|--|--|--|--|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

PHARMACY ENTERPRISES, LLC

(Present Name)  
(A Florida Limited Liability Company)

FILED  
2005 JUL -1 PM 1:04  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**FIRST:** The Articles of Organization were filed on SEPTEMBER 08, 2004 and assigned document number L04000066129.

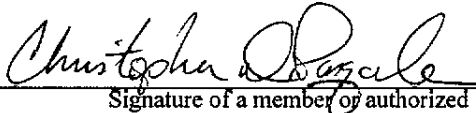
**SECOND:** The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

**NAME CHANGE**

1) Amend Article I as follows:

The Name of the Limited Liability Company is: Pharmacy Innovations, LLC.

Dated July 01, 2005.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Christopher DiPasquale

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**