

104000071522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

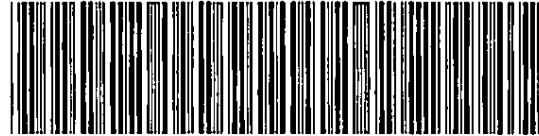
(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 JAN 22 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-24-19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2019

WILLIAM'S PHARMACIES, LLC
705 CHILDERS LOOP
SUITE 1
BRANDON, FL 33511

SUBJECT: WILLIAM'S PHARMACIES, LLC
Ref. Number: L04000071522

We have received your document for WILLIAM'S PHARMACIES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 719A00000392

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: William's Pharmacies, 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:

Marko Jaric

Name of Person

LibraSun Pharmacy

Firm/Company

141 E. Commercial Blvd.

Address

Oakland Park, FL 33334

City/State and Zip Code

oaklandpark@librasunrx.com

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

For further information concerning this matter, please call:

Ivette Bova

954

616-5675

at (_____) _____

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)

*\$30 filing fee already submitted
check cleared on 12/12/18
#98*

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

2019 JAN 2 PM 12:15

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

William's Pharmacies, 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 10/04/2004 and assigned
Florida document number L04000071522.

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:

141 E. Commercial Blvd.

(Principal office address MUST BE A STREET ADDRESS)

Oakland Park, FL 33334

Enter new mailing address, if applicable:

141 E. Commercial Blvd.

(Mailing address MAY BE A POST OFFICE BOX)

Oakland Park, FL 33334

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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FILED
2019 JAN 22 AM 10:00
SEALAN STATE
TALLAHASSEE, FLORIDA

2019 JAN 22 AM 8:06
SIOUX FALLS
SOUTH DAKOTA
TALLAHASSEE, FLORIDA

2019 JAN 22 AM 8:06
SIGNATURE OF MAIL
TALLAHASSEE, FLORIDA

FILED

(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)

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 January 16th, 2019

Signature of a member or authorized representative of a member

Marko Jaric

Typed or printed name of signee