

L05000103062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

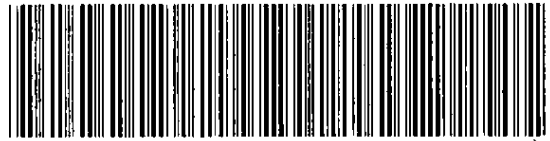
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



000410178490

06/13/23--01007--016 **60.00

FILED

2023 JUN 13 AM 6:45

es



COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: West Coast Nuclear Pharmacy, L.L.C.

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:

Lisa Futter

Name of Person

West Coast Nuclear Pharmacy, L.L.C.

Firm/Company

3906 Cragmont Drive

Address

Tampa, Florida 33619

City/State and Zip Code

lisa@westcoastnuclear.com

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

For further information concerning this matter, please call:

Warren C. Gray

813

663-9700

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)

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

2023 JUN 13 AM 6:48

West Coast Nuclear Pharmacy, L.L.C

(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 October 19, 2005 and assigned
Florida document number L05000103062

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3906 Cragmont Drive

(Principal office address MUST BE A STREET ADDRESS)

Tampa, Florida 33619

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

City

Florida

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.

Warren C. Gray
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	Geoffrey Becker	32 Timberlane Circle North	<input type="checkbox"/> Add
		Ft. Myers, Florida 33919	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Susanne Menke	7202 Pelas Circle	<input type="checkbox"/> Add
		N. Ft. Myers, Florida 33917	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Frank Ruddy	101 Roundhill Drive	<input type="checkbox"/> Add
		Rockaway, New Jersey 07866	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Geoffrey Becker	32 Timberlane Circle North	<input type="checkbox"/> Add
		Ft. Myers, Florida 33919	<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
			<input type="checkbox"/> Change

