

L06000111218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

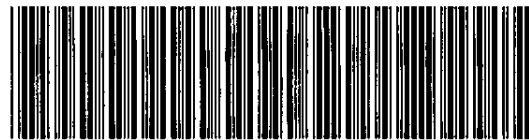
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 10 2014

T. BROWN

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FRANCK'S 1, 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:

**PAUL FRANCK**

Name of Person

**FRANCK'S 1, LLC**

Firm/Company

**2324 SE 15TH STREET**

Address

**OCALA, FL 34471**

City/State and Zip Code

**PFRANCK@TRINITY-CARES.COM**

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

For further information concerning this matter, please call:

**PAUL FRANCK**

Name of Person

at

**(352)**

Area Code

**427-6609**

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

DEAN  
LAW FIRM | LLC

Timothy S. Dean, P.A.  
tim@deanfirm.com

SUITE 300  
230 NE 25TH AVENUE  
OCALA, FL 34470-7075  
TELEPHONE 352.387.8700  
FACSIMILE 800.251.9424  
www.deanfirm.com

November 4, 2014

Registration Section  
Division of Corporation  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**VIA FEDERAL EXPRESS**

Re: FRANCK'S 1, LLC - Amendment

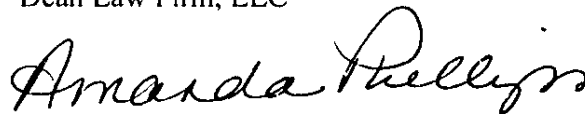
To Whom It May Concern:

Enclosed herewith please find Articles of Amendment for the above-referenced limited liability corporation, along with our check in amount of \$30.00 to cover the cost of filing and Certificate of Status

Please return the notice of filing in the enclosed self-addressed and stamped envelope at your earliest convenience..

Should you have any questions, please feel free to contact me.

Sincerely yours,  
Dean Law Firm, LLC



Amanda Phillips, FRP  
Florida Registered Paralegal

:akp

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

**FRANCK'S 1, 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 11/16/2006 and assigned  
Florida document number L06000111218.

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 end with 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)**

2324 SE 15TH STREET

OCALA, FL 34471

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2324 SE 15TH STREET

OCALA, FL 34471

**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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGRM	FRANCK'S PHARMACY, INC.	202 SW 17TH STREET	<input type="checkbox"/> Add
		OCALA FL 34471	<input checked="" type="checkbox"/> Remove
MGR	PAUL FRANCK	2324 SE 15TH STREET	<input checked="" type="checkbox"/> Add
		OCALA FL 34471	<input type="checkbox"/> Remove
AMBR	ANN FRANCK	2324 SE 15TH STREET	<input checked="" type="checkbox"/> Add
		OCALA FL 34471	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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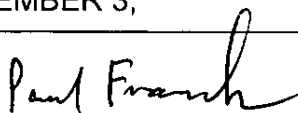
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated NOVEMBER 3, 2014



Signature of a member or authorized representative of a member

PAUL FRANCK as President of Franck's Pharmacy, Inc.

Typed or printed name of signee