

LO7000033051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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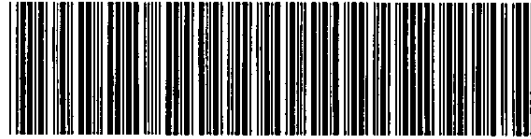
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

S. WARREN

NOV 09 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Freedom Pharmacy, 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:

Alfred Villoch, Esq.

Name of Person

Savage Villoch Law, PLLC

Firm/Company

412 E. Madison Street, Suite 1120

Address

Tampa, FL 33602

City/State and Zip Code

alfred@savagelaw.us

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

For further information concerning this matter, please call:

Alfred Villoch, Esq.

813-251-4890

Name of Person

at (_____) _____
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Freedom Pharmacy, 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 03/28/2017 and assigned
Florida document number L07000033051.

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: _____

(Principal office address MUST BE A STREET ADDRESS) _____

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: Tran Bui

New Registered Office Address: 5535 Memorial Hwy

Enter Florida street address

Tampa, Florida 33615

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

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TALLAHASSEE, FLORIDA

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>
Pres	Cari Gonzalez-Limberg	5208 Longboat Blvd	<input type="checkbox"/> Add
		Tampa, FL 33615	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	David Gonzalez	5208 Longboat Blvd	<input type="checkbox"/> Add
		Tampa, FL 33615	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tran Bui	5535 Memorial Hwy	<input checked="" type="checkbox"/> Add
		Tampa, FL 33615	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jaylex Pharmacy, LLC	5535 Memorial Hwy	<input checked="" type="checkbox"/> Add
		Tampa, FL 33615	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 STATE OF FLORIDA
 ALL ASSESSES, FLORIDA

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 October 3rd 2017

Signature of a member or authorized representative of a member

Cari Gorzalez-Limberg

Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FLORIDA