

LO8 000020417

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
NOV 7 2008
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HARBOUR ISLAND PHARMACY, L.L.C.
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTHONY PRIETO
(Name of Person)

PPG,P.A.
(Firm/Company)

3705 N. HIMES AVENUE
(Address)

TAMPA, FL 33607
(City/State and Zip Code)

For further information concerning this matter, please call:

ANTHONY PRIETO at (813) 877-8600
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

HARBOUR ISLAND 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 02/26/2008 and assigned
Florida document number L08000020417.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NO CHANGE (HARBOUR ISLAND PHARMACY, L.L.C.)

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)

NO CHANGE

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NO CHANGE

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: ANTHONY T. PRIETO

New Registered Office Address: 3705 N. HIMES AVE.

(Enter Florida street address)

TAMPA

(City)

Florida 33607

(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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

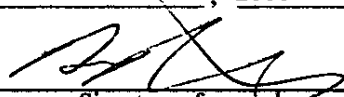
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	OMAR GARCIA	601 S. HARBOUR ISLAND BLVD. SUITE 105 TAMPA, FL 33602	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ANTHONY T. PRIETO	601 S. HARBOUR ISLAND BLVD. SUITE 105 TAMPA, FL 33602	<input checked="" type="checkbox"/> Add <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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

FILED
 NOV - 6 PM 3:30
 TAMPA, FL 33602

Dated OCTOBER 28, 2008



 Signature of a member or authorized representative of a member
 ANTHONY T. PRIETO

 Typed or printed name of signee