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MICHAEL D. TIDWELL ATTORNEY AT LAW

811 N. SPRING STREET

PENSACOLA, FL 32501

PHONE 850-434-3223

FAX 850-434-3822

E-MAIL - MTIDWELL@EMERALDCOASTTITLE.COM

September 29, 2009

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

RE: Gulf Breeze Apothecary, LLC

To Whom It May Concern:

Enclosed please the original Cover Letter, Articles of Amendment to Articles of Articles of Organization of Gulf Breeze Apothecary, LLC, and a check in the amount of \$25.00 for the filing fee.

If you have any questions or concerns regarding the enclosures provided, please call me at 850-434-3223.

Very truly yours,

Michele St Louis

Legal Assistant to Michael D. Tidwell, Esq.

/msl

Enclosure

COVER LETTER

TO:	Registration S Division of Co				
SUBJE	CT:	Gulf Breeze	e Apothecary, LLC		
SCESE			ited Liability Company		
The enc	losed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please r	eturn all corresp	ondence concerning this matter	to the following:		
			Sharon Sims		
			Name of Person		
		SI	MS PHARMACY, LLC		
Firm/Company					
	2742-A Gulf Breeze Parkway			у	
			Address		
		. Gul	lf Breeze, Florida 32563		
			City/State and Zip Code		
		E mail address: 7	cssjs@bellsouth.net	notification)	
For furt	her information	concerning this matter, please c	·	(Meanon)	
	S	Sharon Sims	at (_850)	343-1660	
	Name	of Person	Area Code & Da	ytime Telephone Number	
Enclose	d is a check for	the following amount:			
\$25.	00 Filing Fee	\$30.00 Filing Fec & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	Section 1 Section 2 Sectio	
	Regisi Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	Registration S Division of Co Clifton Buildin	rporations ng e Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 09 OCT - I AM 10: 05 SECRETARY OF T

Gulf	Breeze Apothecary, LLC	TALLAHAS	SEE. FLORIDA
(Name of the Limited) (A	Liability Company as it now appears on Florida Limited Liability Company)	our records.)	LONIUA
The Articles of Organization for this Limited Lia		8108	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company,"	the designation "l	LC" or the abbreviation
Enter new principal offices address, if applica	ble:	·	
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	OX)		
B. If amending the registered agent and/or the new registered off		records, <u>enter 1</u>	he name of the new
Name of New Registered Agent:	Sharon Sims	···	
New Registered Office Address:	2742-A Gulf Breeze Parkway		
	Enter Florida street address		
	Gulf Breeze	, Florida	32563
	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 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.

Aftern June

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 = Mar MGRM = M	nager lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Sharon Sims	2742-A Gulf Breeze Parkway Gulf Breeze, Florida 32563	✓ Add Remove
MGR_	Michael Price	2742-A Gulf Breeze Parkway Gulf Breeze, Florida 32563	Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
D. If amend	ing any other information, enter o	change(s) here: (Attach additional sheets, if necess	ary.)
			90CT -1 SECRETARY
Dated Se	plember 25	2009 Jimo	ILED ABSEE. FLORIDA ABSEE. FLORIDA
	Signature of a re	iember or authorized representative of a member MS Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00