

LD8000048695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PHARMACY SYSTEMS, 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:

TAMIKA CARR

Name of Person

THE COLLINS GROUP

Firm/Company

18505 SW 104 AVENUE

Address

MIAMI / FL / 33157

City/State and Zip Code

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

For further information concerning this matter, please call:

TAMIKA CARR

Name of Person

at (**305**)

278-8330

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 13, 2009

TAMIKA CARR
THE COLLINS GROUP
18505 SW 104 AVENUE
MIAMI, FL 33157

SUBJECT: PHARMACY SYSTEMS LLC
Ref. Number: L08000048695

We have received your document for PHARMACY SYSTEMS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide the name of the person or entity you are adding as a manager on the second page of the amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 609A00035579

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

PHARMACY SYSTEMS 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 05/15/2008 and assigned
Florida document number L08000048695.

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)

18505 SW 104 AVENUE

UNIT 1

MIAMI, FL 33157

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18505 SW 104 AVENUE

UNIT 1

MIAMI, FL 33157

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:

THE COLLINS GROUP OF MIAMI, LLC

New Registered Office Address:

18505 SW 104 AVENUE UNIT 1

Enter Florida street address

MIAMI

Florida

City

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

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TALLAHASSEE, FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LAZARUS COLLINS	18079 SOUTH DIXIE HIGHWAY MIAMI FL 33157	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMGR	MCCORVEY STOKES	18079 SOUTH DIXIE HIGHWAY MIAMI FL 33157	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Larry Collins	18505 SW 104 AVENUE UNIT 1 MIAMI FL 33157	<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

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

Dated NOVEMBER 2, 2009

Signature of a member or authorized representative of a member

LARRY E COLLINS

Typed or printed name of signee

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TALLAHASSEE FLORIDA
SECRETARY OF STATE

FILED