USUUIROSY

(Requestor's Name) (Address) (Address)
(Address)
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·
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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COVER LETTER

Div	ision of Corp	orations '				
SUBJECT:	IDEAL PH	HARMACY SERVICES	, LLC			
SUBJECT.		Name of Lim	ited Liability Company			
77						
The enclosed	1 Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	idence concerning this matter	to the following:			
		MIGUEL A. SIRI				
			Name of Person			
			Firm/Company	<u> </u>		
			Address			
					2014 NOV BUSINET FAUL ARP	
			City/State and Zip Code	·	OV -3	(I.u.:
For further in	nformation co	E-mail address: (ncerning this matter, please co	to be used for future annual report notificall:	cation)		T
MIGUEL	A. SIRI		305 200-9370		2: 27 \$ TATE: L'ORIDA	40.00
	Name of	Person		Telephone Number		
Enclosed is a	a check for the	e following amount:				
■ \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
	MAILI	NG ADDRESS:	STREET/COURIE	R ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IDEAL PHARMACY SERVICES	•	
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our rida Limited Liability Company)	records.)
he Articles of Organization for this Limited Liabilit lorida document number L08000112054	y Company were filed on 12/08/20	2008 and assigned
his amendment is submitted to amend the following	;	
. If amending name, enter the new name of the l	imited liability company here:	
N/A		
he new name must be distinguishable and end with the words	"Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	N/A	22 23
Principal office address MUST BE A STREET AD	DRESS)	<u> </u>
nter new mailing address, if applicable:	N/A	THE ST
Mailing address MAY BE A POST OFFICE BOX		2
		कृत <u>े</u>
. If amending the registered agent and/or registered agent and/or the new registered office a		ecords, enter the name of the n
Name of New Registered Agent:	Ά	
New Registered Office Address:	,	
	Enter Florida stree	t 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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

'MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGM	HEIDY TORRES	4603 N.W. 7TH ST.	Add
		MIAMI, FL 33126	Remove
			Add
			☐ Remove
			Add
			Remove
			SSEEF FLOR
			27 □ Add
			Remove
			□ Add
			Remove

- '. N	aing any other information, enter change(s) here: (Attach additional sheets, if necessar)
• –	
` _	
_	
	a data if athor than the data of filing.
	e date, if other than the date of filing:
1	0/29/2014
ated _	
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member MIGUEL A. SIRI MIGUEL A. SIRI

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Filing Fee: \$25.00

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