

1090000068321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

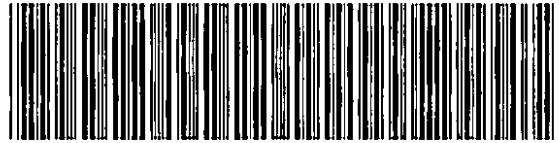
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2022 JUN 29 PM 12:23
SECRETARY OF
TALLAHASSEE FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TAMPA BAY PHARMACY MANAGEMENT SERVICES 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:

Ashley Zohar

Name of Person

Brown, Huff & Zohar, LLC

Firm/Company

6547 Gunn Hwy

Address

Tampa, FL 33625

City/State and Zip Code

Ashley@BHZLaw.com

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

For further information concerning this matter, please call:

Ashley Zohar

Name of Person

at (813)

Area Code

922-5290

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED

2022 JUN 29 PM 12: 21

TAMPA BAY PHARMACY MANAGEMENT SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
J. HASSEY, III

The Articles of Organization for this Limited Liability Company were filed on 07/15/2009 and assigned
Florida document number 109000068321

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)

31958 U.S. 19 North
Palm Harbor, FL 34684

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

31958 U.S. 19 North
Palm Harbor, FL 34684

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:

Emanuel Kennedy

New Registered Office Address:

18402 Milton Keynes Court

Enter Florida street address

Land O Lakes

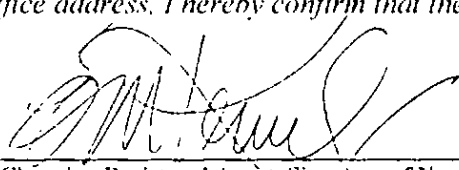
City

Florida 34638

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 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>
<u>MGRM</u>	<u>CHRISTOPHER HATCHER</u>	<u>15313 INDIAN HEAD DRIVE</u>	<input type="checkbox"/> Add
		<u>TAMPA, FL 33618</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Anothen Investments, LLC</u>	<u>14527 N Florida Avenue</u>	<input type="checkbox"/> Add
		<u>Tampa, FL 33613</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Emanuel Kennedy</u>	<u>18402 Milton Keynes Court</u>	<input checked="" type="checkbox"/> Add
		<u>Land O Lakes, FL 34638</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
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		<u></u>	<input type="checkbox"/> Change

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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.

Dated June 27

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Emanuel M. Kennel
Typed or printed name of signer

Typed or printed name of signee