

**L09000070386**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

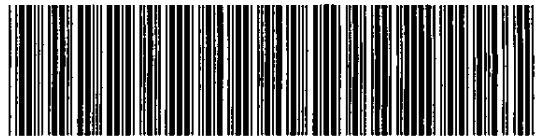
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10 MAR -8 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Collins MAR 9 2010

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **OBT TRADE 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:

**Marc L. Hagle**

Name of Person

**c/o Tricor International**

Firm/Company

**100 East Sybelia Avenue, Suite 120**

Address

**Maitland, Florida 32751**

City/State and Zip Code

**Marc@tricor.net**

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

For further information concerning this matter, please call:

**Brian P. Evans**

Name of Person

at ( **704** ) **331-7479**

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

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

**OBT TRADE LLC**

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on July 23, 2009 and assigned Florida document number L09000070386.

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)

100 East Sybelia Avenue, Suite 120

Maitland, Florida 32751

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

100 East Sybelia Avenue, Suite 120

Maitland, Florida 32751

**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:

Marc L. Hagle

New Registered Office Address:

100 East Sybelia Avenue, Suite 120

*Enter Florida street address*

Maitland

*City*

Florida 32751

*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

Marc L. Hagle

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>
<u>MGRM</u>	<u>FIRST AMERICAN EXCHANGE COMPANY, LLC</u>	<u>2750 Chancellorsville Drive</u> <u>Tallahassee, Florida 32312</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>ZEBULON PHARMACY LIMITED PARTNERSHIP</u>	<u>100 Sybelia Avenue, Suite 120</u> <u>Maitland, Florida 32751</u>	<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.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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10 MAR -8 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated February, 2010

Zebulon Pharmacy Limited Partnership  
By: Zeb Pharmacy Devco, Inc., its General Partner

By: Marc Hagle, Chief Executive Officer:

Signature of a member or authorized representative of a member

Marc Hagle

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00