

LD9000085434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

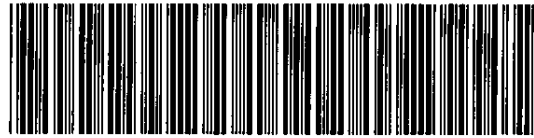
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900173364639

04/08/10--01055--004 **55.00

FILED
10 APR - 8 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

APR 9 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EAST COAST PHARMACY NO. 1, 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:

AFSHIN SADEGHI

Name of Person

EAST COAST PHARMACY NO. 1, LLC

Firm/Company

1169 MACON DR

Address

TITUSVILLE, FL 32780

City/State and Zip Code

hopkinsrx@yahoo.com

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

For further information concerning this matter, please call:

AFSHIN SADEGHI

Name of Person

at (321) 289-9478

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

FILED
10 APR - 8 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

EAST COAST PHARMACY NO. 1, 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 11/04/2009 and assigned
Florida document number L09000085434.

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)

4401 S HOPKINS AVE. #102

TITUSVILLE, FL 32780

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1169 MACON DR

TITUSVILLE, FL 32780

FILED
10 APR - 8 PM 3:10
CLERK OF STATE
TALLAHASSEE, FLORIDA

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: AFSHIN SADEGHI

New Registered Office Address: 1169 MACON DR

Enter Florida street address

TITUSVILLE

City

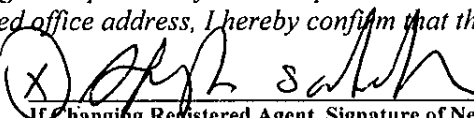
, Florida

32780

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.


(X) _____
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 = Manager

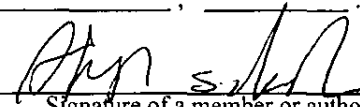
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KANTILAL BHALANI	3 INDIAN RIVER AVE TITUSVILLE, FL 32796	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	AFSHIN SADEGHI	1169 MACON DR TITUSVILLE, FL 32780	<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.)

FILED
10 APR -8 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated _____

(*) 
Signature of a member or authorized representative of a member

AFSHIN SADEGHI
Typed or printed name of signee