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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2019 DEC 18 PM 12:18

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2019 DEC 18
12:18 PM

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Pharmxpress Limited Liability Company 0
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jackie Phillips

Name of Person

Pharmxpress Limited Liability Company

Firm/Company

507 E Dr. Martin Luther King Drive STE #101

Address

Tampa, Florida 33603-3932

City/State and Zip Code

mypharmxpress@gmail.com

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

For further information concerning this matter, please call:

Jackie Phillips 813 406-4491
Name of Person at (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 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

Pharmxpress Limited Liability Company

2019 DEC 18 PM 12:18

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

Articles of Organization for this Limited Liability Company were filed on September 15, 2009 and assigned
file number 1.09000089004

amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

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:

N/A

Principal office address MUST BE A STREET ADDRESS

Enter new mailing address, if applicable:

N/A

Mailing address MAY BE A POST OFFICE BOX

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:

Jackie Phillips

New Registered Office Address:

507 E DR Martin Luther King Jr Blvd
STE 101 Enter Florida street address

TAMPA
City

Florida

33603-3732
Zip Code

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

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added.
removed from our records:

R = Manager

BR = Authorized Member

<u>g</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
R	Andrew McCubbins	507 E Dr. Martin Luther King Jr Blvd STE 101	<input checked="" type="checkbox"/> Add
		Tampa, Florida 33603-3932	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
R	Chad Altman	507 E Dr. Martin Luther King Jr Blvd STE 101	<input checked="" type="checkbox"/> Add
		Tampa, Florida 33603-3932	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
R	Greg Warnock	507 E Dr. Martin Luther King Jr Blvd STE 101	<input checked="" type="checkbox"/> Add
		Tampa, Florida 33603-3932	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
R	Jackie Phillips	507 E Dr. Martin Luther King Jr Blvd STE 101	<input checked="" type="checkbox"/> Add
		Tampa, Florida 33603-3932	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
R	Sam Knight	507 E Dr. Martin Luther King Jr Blvd STE 101	<input checked="" type="checkbox"/> Add
		Tampa, Florida 33603-3932	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Jordan Bunnell	507 E Dr. Martin Luther King Jr Blvd STE 101	<input type="checkbox"/> Add
		Tampa, Florida 33603-3932	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Effective date, if other than the date of filing: _____ (optional)

in effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed.

ted December 16th, 2019

- DocuSigned by:

Signature of a member or authorized representative of a member

Jordan Bunnell

Typed or printed name of signee

Filing Fee: \$25.00