

L100000625469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

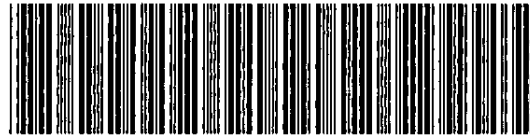
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03/05/12--01019--003 **25.00

FILED STATE
SECRETARY OF CORPORATION
12 MAR -5 AM 8:15

TO: **Registration Section**
Division of Corporations

SUBJECT: ALLZ WELL PHARMACY, 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:

Wendell T. Locke

Name of Person

Allz Well Pharmacy, LLC

Firm/Company

821 E. Oakland Park Blvd.

Address

Oakland Park, FL 33334

City/State and Zip Code

allzwellpharmacy@gmail.com

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

For further information concerning this matter, please call:

Wendell T. Locke

Name of Person

at (954)

769-1098

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

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 MAR -5 AM 8:15

TO
ARTICLES OF ORGANIZATION
OF

ALLZ WELL PHARMACY, 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 March 8, 2010 and assigned
Florida document number L10000025469

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR -5 AM 8:15

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)

821 E. Oakland Park Blvd.

Oakland Park, FL 33334

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

821 E. Oakland Park Blvd.

Oakland Park, FL 33334

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:

Wendell T. Locke

New Registered Office Address:

821 E. Oakland Park Blvd.

Enter Florida street address

Oakland Park

Florida

33334

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 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

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>
MGRM	Wendell T. Locke	821 E. Oakland Park Blvd. Oakland Park, FL 33334	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Sugandha Singh	821 E. Oakland Park Blvd. Oakland Park, FL 33334	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated March 1, 2012



Signature of a member or authorized representative of a member

Wendell T. Locke

Typed or printed name of signee