

L10000027693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

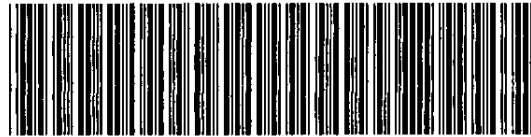
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 MAR 13 AM 10 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
MAR 14 2012
EXAMINER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Physician Choice 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:

Jason Grama

Name of Person

Physician Choice Pharmacy LLC

Firm/Company

4529 North Pine Island Road

Address

Sunrise, FL 33351

City/State and Zip Code

Physicianchoicepharmacy@gmail.com

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

For further information concerning this matter, please call:

Jason Grama

Name of Person

at (347)

865-4575

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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**

Physician Choice 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 3-12-2010 ~~March, 9 2012~~ and assigned
Florida document number L10000027693.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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: Jason Grama

New Registered Office Address: 4529 North Pine Island Road

Enter Florida street address

Sunrise, Florida 33351

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.

Jason Grama
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

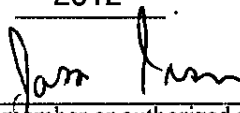
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Saad Haddad	4529 North Pine Island Road Sunrise, FL 33351	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Sam Haddad	4529 North Pine Island Road Sunrise, FL 33351	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<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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TALLAHASSEE, FLORIDA

Dated March 9, 2012



Signature of a member or authorized representative of a member

Jason Grama

Typed or printed name of signee

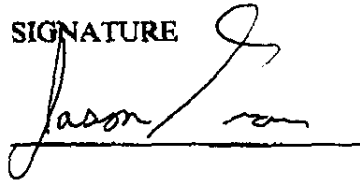
CERTIFICATE OF AUTHORITY

The undersigned, SAAD HADDAD, being the duly elected, qualified and acting member/manager of PHYSICIANCHOICE PHARMACY, LLC., a Florida Limited Liability Company (referred to in this Certificate as "the Company")

That the following person has been and is authorized by the Company to execute any and all documents necessary by email to effectuate the operation of the Company, subject to the prior approval of the undersigned.

NAME	OFFICE
Jason Grama	4529 Pine Island Road Sunrise, FL 33351

SIGNATURE

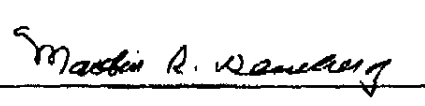


In Witness Whereof, the undersigned has executed this Certificate on the day of March 2012.


SAAD HADDAD

STATE OF NEW YORK)
:ss.:
COUNTY OF NASSAU)

On the 6th day of March, 2012 before me came SAAD HADDAD to me known, and known to me to be the individual described in and who executed the foregoing instrument, and acknowledged to me that he executed the same


MARTIN R. WEINBERG
Notary Public, State of New York
No. 9574825

Qualified in Nassau County
Commission Expires July 31, 2014

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NOTARY OF STATE
TALLAHASSEE, FLORIDA