

L10000027693

(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



600311747116

04/10/18--01024--010 \*\*25.00

FILED  
18 APR 10 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K SALY  
APR 12 2018

## 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:

Saad Haddad

\_\_\_\_\_  
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:

Saad Haddad

888 389-2014

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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**

Physician Choice Pharmacy LLC

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

FILED  
18 APR 10 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/12/2010 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 contain 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) \_\_\_\_\_

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*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 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

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

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
18 APR 10 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

See Attached Articles of Amendment to the Articles of Organization of Physician Choice Pharmacy LLC

FILED  
APR 10 PM 4:04  
18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an 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.

If the 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 record is filed.

Dated March 29, 2018

Signature of a member or authorized representative of a member

Saad Haddad

Typed or printed name of signee

**ARTICLES OF AMENDMENT TO THE  
ARTICLES OF ORGANIZATION  
OF  
PHYSICIAN CHOICE PHARMACY LLC**

Pursuant to the provisions of Section 605.0202 of the Florida Revised Limited Liability Company Act, PHYSICIAN CHOICE PHARMACY LLC, a Florida limited liability company (the "LLC"), hereby adopts the following Amendment to its Articles of Organization originally filed on March 12, 2010 and amended on March 12, 2013 by a Certificate of Authority authorizing Jason Grama to execute documents necessary by email to effectuate the operation of the LLC, subject to the prior approval of Saad Haddad:

**FIRST.** This Amendment was adopted by the LLC:

The Certificate of Authority filed on March 12, 2013 is hereby revoked in its entirety. Jason Grama no longer has any authority to act on behalf of Physician Choice Pharmacy LLC.

**SECOND.** Except as hereby amended, the Articles of Organization shall remain unchanged.

**THIRD.** The foregoing amendments to the Articles of Incorporation of the Corporation were adopted by the members on March 29, 2018 and the number of votes cast for the amendment was sufficient for approval.

[Signature Page Follows]

**FILED**  
**18 APR 10 PM 4:04**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned duly authorized member of the LLC has executed these Articles of Amendment to the Articles of Organization of the LLC as of this 29 day of March, 2018.

PHYSICIAN CHOICE PHARMACY LLC

By: \_\_\_\_\_

Name: SAAD HADDAD

Title: MGRM

FILED  
18 APR 10 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA