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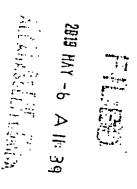
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Div	ision of Cor	porations		,
		LAND PHARMACY LLC	•	·
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		CHIKA U. IBE		
			Name of Person	
		CUMBERLAND PHARM	IACY LLC	
			Firm/Company	
		1047 W. BUSCH BLVD.		
			Address	
		TAMPA, FLORIDA 3361	2	
		CHIKAUIBE@YAHOO.C	City/State and Zip Code OM	
		E-mail address: (to be used for future annual report notifi	cation)
For further i	nformation c	oncerning this matter, please c	all:	
CHIKA U.	IBE		813 368-1413 at ()_	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a chack for th	ne following amount:		
		_		
■ \$25.00 1	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:

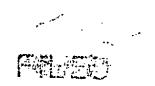
TO:

Registration Section

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



CUMBERLAND PHARMACY LLC

company has been notified in writing of this change.

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

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number $\frac{L10000030015}{L10000030015}$.	were filed on March 17,	2010 (SEE SEE and assigned THE EAST NEED TO SEE AND ASSIGNED ASSIGNED TO SEE AND ASSIGNED ASS
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation	n "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:	1047 W. BUSCH BLV	D.
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA, FLORIDA 33	612
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:		ecords, enter the name of the new
New Registered Office Address:	Enter Florida street address	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	1	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	•	

If Changing Registered Agent, Signature of New Registered Agent

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

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>	Type of Action
MGR	CHIKA U. IBE	1047 W. BUSCH BLVD.	■ Add
		TAMPA, FLORIDA 33612	-
			Remove
	A DEDIVI ODEMOCII	1050 A DINEWINAL E LANE	Change
MGRM	ADEBIYI OREMOSU	1956 ABBEYDALE LANE	Add
		FAYETTEVILLE, NC 28306	■ Remove
			☐ Change
			□ Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			🗆 Add
			Remove
			Change
			☐ Remove
			Change

,	with the following:
-	Article IV: Managing Member(s)/Manager(s)
-	The name(s) and address(es) of the managing member(s)/manager(s) of the Company are:
-	Chika U. Ibe, 1047 W. Busch Blvd., Tampa, Florida 33612
-	Adekunle O. Oremosu, 26451 Shoregrass Drive, Wesley Chapel, Florida 33544
-	
-	
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-	······································
an cfl <u>ote:</u>	May 1, 2019 ive date, if other than the date of filing: (optional) ective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
ated	5/1/19

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00