

L10000 030 015

(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



000337307060

11/25/19--01043--003 --03.30

19 NOV 25 AM 9:34  
DEPT OF STATE  
DIVISION OF CORPORATION

JAN 04 2020  
C. M. M. R.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CUMBERLAND PHARMACY LLC  
Name of Limited Liability Company

RECEIVED  
DIVISION OF CORPORATIONS  
19 NOV 25 AM 9:24

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

Please return all correspondence concerning this matter to the following:

ADEKUNLE OREMOSU

Name of Person

CUMBERLAND PHARMACY LLC

Firm/Company

1047 W. BUSCH BLVD.

Address

TAMPA FL 33612

City/State and Zip Code

CUMBERLANDPHARM@GMAIL.COM

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

For further information concerning this matter, please call:

ADEKUNLE OREMOSU

Name of Person

at (813) 454 7715

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

CUMBERLAND PHARMACY LLC

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

DIVISION OF REVENUE  
19 NOV 25 AM 9: 84

The Articles of Organization for this Limited Liability Company were filed on March 17, 2010 and assigned Florida document number L10000030015.

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 "L.L.C." 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)**

1047 W. BUSCH BLVD  
TAMPA FL 33612

**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**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

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

Article IV of the Company's Articles of Organization is hereby deleted in its entirety and replaced 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 is:

Adekunle O. Oremosu, 26451 Shoregrass Dr,  
Wesley Chapel FL 33544

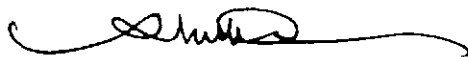
E. Effective date, if other than the date of filing: November 18 2019 (optional)

(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 November 18, 2019.



Signature of a member or authorized representative of a member

ADEKUNLE OREMOSU

Typed or printed name of signee