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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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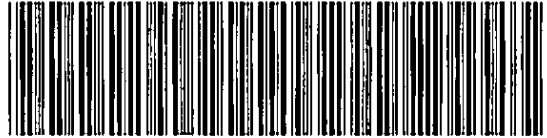
(Business Entity Name)

(Document Number)

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FEB 18 2021
S. YOUNG

2021 JAN 11 PM 6:16

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CUMBERLAND 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:

OSANEME .C. OKARO

Name of Person

CUMBERLAND PHARMACY; DBA AXCESS PHARMACY

Firm/Company

1047 W. BUSCH BLVD

Address

TAMPA, FL. 33612

City/State and Zip Code

AXCESSPHARM@GMAIL.COM

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

For further information concerning this matter, please call:

OSANEME .C.OKARO

850 273-1344

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 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)

The Articles of Organization for this Limited Liability Company were filed on 03/17/2010
Florida document number 110000030015

2021 JAN 11 PM 6:16
FILED
CLERK OF COURT
HILLSBORO COUNTY, FLORIDA

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

1047 W. BUSCH BLVD.

TAMPA, FLORIDA,

33612. (SAME AS BEFORE)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1047 W. BUSCH BLVD.

TAMPA FLORIDA,

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:

OSANEME . C. OKARO

New Registered Office Address:

1047 W. BUSCH BLVD

Enter Florida street address

TAMPA

City

Florida 33612

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>
Mgr	ADEKUNLE OREMOSU	26451 SHOREGRASS DR	<input type="checkbox"/> Add
		WESLEY CHAPEL, FL 33544	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	OSANEME .C. OKARO	2141 HOLLOW FOREST COURT,	<input checked="" type="checkbox"/> Add
		WESLEY CHAPEL FL 33543.	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

(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)

Dated JANUARY 5TH 2021

Signature of a member or authorized representative of a member

OSANEME OKARO

Typed or printed name of signee

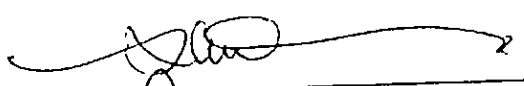
Cumberland Pharmacy LLC (DBA Axxess Pharmacy)

Bill of Sale

On this 25th day of January 2021, a bill of sale is made between ADEKUNLE OREMOSU ("Seller") and OSANEME OKARO ("Buyer").

The Seller hereby grants transfer or sale of the following goods: All merchandise currently in Cumberland Pharmacy (DBA: Axxess Pharmacy) "AS IS", to the Seller in exchange for cash in the amount of \$56,000.

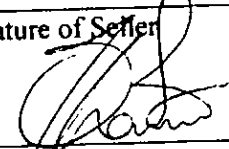
The Seller's signature below signifies that he is the lawful owner of the goods listed above, and the seller has the right to sell the goods as he/she chooses. After exchange of payment, the Buyer renders full rights and ownership of the goods listed above.



Signature of Seller

01/25/2021

Date



Signature of Buyer

01/25/2021

Date