

#L 10000030633

(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



900250076199

07/30/13--01005--004 **25.00

FILED
13 JUL 30 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUL 31 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Village Clinic and Rx, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Scher
Name of Person
DBA Gulf Gate Pharmacy
Firm/Company
2134 Gulf Gate Drive
Address
Sarasota, FL 34231
City/State and Zip Code
mlsrph1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Scher at (941) 735-3889
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

FILED
13 JUL 30 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Village Clinic and Rx, 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 03/18/2010 and assigned
Florida document number L 10000030633

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2134 Gulf Gate Drive
Sarasota, FL 34231

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2134 Gulf Gate Drive
Sarasota, FL 34231

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 60S, 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 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>
_____	_____	_____	Add
		_____	Remove

_____	_____	_____	Add
		_____	Remove

_____	_____	_____	Add
		_____	Remove

_____	_____	_____	Add
		_____	Remove

_____	_____	_____	Add
		_____	Remove

_____	_____	_____	Add
		_____	Remove

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

Dated

07/25/2013

Michael Scher

Signature of a member or authorized representative of a member

Michael Scher

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00