## 1100000048569

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	Mait	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

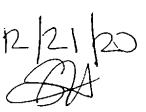




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## **COVER LETTER**

Tallahassee, FL 32314

	Registration So Division of Co			
CHBICZ	Aberdeen I	harmacy LLC	·	
SUBJEC	JI:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Encida Ortiz		
			Name of Person	
		Aberdeen Pharmacy LLC		
			Firm/Company	·
		2291 Euclid Avenue		
		Marian III.	Address	
		Spring Hill, FL 34609-533	8	
		aberdeenrx8276@gmail.cor	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	fication)
For furth	er information o	concerning this matter, please ca	ail:	
Eneida C	Ortiz		727 423-5813	
	Name c	of Person	at () Area Code Daytimo	e Telephone Number
Enclosed	l is a check for t	he following amount:		
□ \$25.0	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		Street Address: Registration Sec	ction
	Division of C P.O. Box 632		Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aberdeen Pharmacy LLC			
(Name of the Limi	ited Liability Compa (A Florida Limited)	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited L	iability Company	were filed on 04/17/2018	and assigned
Florida document number L10000048569	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli-	cable:	2291 Euclid Avenue	
(Principal office address MUST BE A STREET ADDRESS)		Spring Hill, FL 34609-53	
			020
Enter new mailing address, if applicable:		2291 Euclid Avenue	F1L 020 NOV 17
(Mailing address MAY BE A POST OFFICE BOX)		Spring Hill, FL 34609-5	338
			<del></del>
B. If amending the registered agent and/or agent and/or the new registered office addre	0	address on our records,	enter the name of the new registere
Name of New Registered Agent:	Eneida Ortiz		
New Registered Office Address:	2291 Euclid Av	zenue	
		Enter Florida street	address
	Spring Hill		Florida <u>34609-5338</u>
		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>	Address	Type of Action
MGR	Eneida Ortiz	2291 Euclid Avenue	
		Spring Hill, FL 34609-5338	□Remove
			Change
Reg Agt	Elan Yaish	8276 S Jog Rd	
		Boynton Beach, FL 33472	■Remove
			TChange 20 No Add T
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		<del></del> -	□ Remove
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		2
fective date, if other than the dat	does not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 605.00 filing requirements, this date will not be listed
ote: If the date inserted in this block	riment of State's records.	
ote: If the date inserted in this block icument's effective date on the Department of the Departmen		a.m. on the earlier of: (b) The 90th day after t
ote: If the date inserted in this block ocument's effective date on the Department specifies a delayed effective date is filed.  November 16		a.m. on the earlier of: (b) The 90th day after t
ote: If the date inserted in this block ocument's effective date on the Department specifies a delayed effective date is filed.  November 16	ate, but not an effective time, at 12:01	<u>A</u>

Filing Fee: \$25.00