## L10000065083

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certif cates of Status
Special Instructions to Filing Officer:

Office Use Only



800199192678

03/28/11--01046--018 \*\*30.00

TALLAHASSEE, FLORIDE

C. LEWIS

MAR 2 9 2011

EXAMINER

## **COVER LETTER**

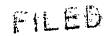
TO:	Registration S Division of Co	ection <sup>&amp;</sup>		r,			
	*						
SUВЛ	ECT:	Amicitia	Pharma, LLC.	······			
	-	Name of Limit	ed Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please	return all corresp	ondence concerning this matter	to the following:				
			Sokha Yim	<u>.</u>			
			Name of Person				
		1:	st Choice Pharmacy				
			Firm/Company				
		5	Address  Palmetto, FL 34221  City/State and Zip Code				
		<u></u>					
		ı					
		1sto	choiceRx@gmail.com				
		E-mail address: (to	be used for future annual report notificat	ion)			
For fur	ther information	concerning this matter, please ca	all:				
Sokha Yim		Sokha Yim	at (941) 44	8-8527			
	Name o	of Person	Area Code & Daytime To	elephone Number			
Enclos	ed is a check for t	he following amount:					
<b>\$2</b> 5	i.00 Filing Fee	<b>✓</b> \$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



2811 HAR 28 PM 3: 08

Amicitia Pha (Name of the Limited Liability Compa (A Florida Limited I	arma, LLC. ny as it now appears o Liability Company)	SECRE HK <b>4lir@en ruo n</b>	(ARY OF STÄTE) ASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company Florida document number		2/10/11	and assigned
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 end with the words "Lim"L.L.C."	ited Liability Company,	" the designation "I	LLC" or the abbreviation
Enter new principal offices address, if applicable:	1st Choice Phar	macy	
(Principal office address MUST BE A STREET ADDRESS)	8808 4th Street	North Unit 1	
	St. Petersburg,	FL 33702	
Enter new mailing address, if applicable:	1st Choice Phar	macy	
(Mailing address MAY BE A POST OFFICE BOX)	5919 60th Place	e East	
	Palmetto, FL 34	221	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	<u>e</u> :	records, <u>enter t</u> Florida street add	
The second section of the second seco	City	, FIULICA	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 608, 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

	<u>Name</u>	<u>Address</u>	Type of Act
<del></del>			Add Remove
			Add
			Remove
<del>- /</del>			Add
			Remove
			Remove
			∏Add
			Remove
			Add
amen	ding any other information, enter	change(s) here: (Attach additional shee	ts, if necessary.)
			LAHASS
~~vocanité			مامع المباح
	March 24	2011	PM ST EFFLO
 I		nember or authorized representative of a me	PM 3: 08

Page 2 of 2

Filing Fee: \$25.00