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COVER LETTER

TO:

Registration Section **Division of Corporations**

AMICITIA PHARMA, 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:

SOKHA YIM

Name of Person

AMICITIA PHARMA, LLC d/b/a 1ST CHOICE PHARMACY

Firm/Company

8808 4TH ST N, FL 33702

ST PETERSBURG

City/State and Zip Code

1STCHOICERX@GMAIL.COM

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

For further information concerning this matter, please call:

SOKHA YIM

 $\operatorname{at}(\underbrace{727}_{Area\ Code})\underbrace{954\text{--}8877}_{Daytime\ Telephone\ Number}$

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 ARTICLES OF ORGANIZATION **OF**

AMICITIA PHARMA, LLC

(Name of the Limited	Florida Limited Liability Company)			
The Articles of Organization for this Limited Liab Florida document number L10000065083	pility Company were filed on 2/4/14	and	assigned	i
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the	he limited liability company here:			
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the designation "LLC" or the	abbreviation	ı "L.L.C."	,,
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, enter	Fig.	e of th	ne nev
New Registered Office Address:		\$ 10 m	1	• • • •
New Registered Office Address.	Enter Florida street address . Florida			
	City, Fibrida_	Zip Coo	le:	
New Registered Agent's Signature, if changing Reg	zistered Agent:			
provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agree to act in this capacity. I further ag and complete performance of my duties, and I am ered agent as provided for in Chapter 605, F.S. Or gistered office address, I hereby confirm that the li ange.	familiar v ; if this do	vith and cument	1

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Type of Action** Address <u>Title</u> Name 8808 4TH ST N FADY A HANNA **MGR** □ Add ST PETERSBURG, FL 33702 Remove ☐ Remove □ Add _□ Remove _☐ Remove G5 <u>.</u>□ Adā: Remove □ Add ☐ Remove

If amending any other informa	ation, enter change(s) here: (Att	ach additional sheets, if necessary.)
the date this document is filed by the F	not be prior to date of receipt or filed date	(optional) e and cannot be more than 90 days after
Dated AUGUST 5	2014	
	Signature of a member or authorized r	epresentative of a member
SOKHA YIM	V	
	Typed or printed name	e of signee

Page 3 of 3

Filing Fee: \$25.00

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