

1:51 PM
DIVISION

L10000065427

No. 9760

P. 1/3 Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000213666 3)))



H100002136663ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BANOS, GARCIA, AND ASSOCIATES, P.A.
Account Number : I20100000067
Phone : (305) 856-6626
Fax Number : (305) 856-6628

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

garcia@bgpatax.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
1 OLD RIVER PHARMACY LLC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED
10 SEP 28 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 SEP 28 AM 8:35

Sep. 28. 2010 1:51PM

I C S

H100002136663)))

No. 9760 P. 2/3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

10 SEP 28 AM 8:35

1 OLD RIVER 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 06/18/2010 and assigned
Florida document number L10000065427

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

Romel Vivar

New Registered Office Address:

1879 NW 7ST

Enter Florida street address

Miami

Florida

33125

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 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

Sep. 28. 2010 1:52PM

J C S H100002136663)))

No. 9760 P. 3/3

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>
MGR	Beatriz Carreon	1879 NW 7Street Miami, FL 33125	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Romel Vivar	1879 NW 7Street Miami, FL 33125	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____


Signature of a member or authorized representative of a member

Beatriz Carreon

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 SEP 28 AM 8:35