

L10 0000 77337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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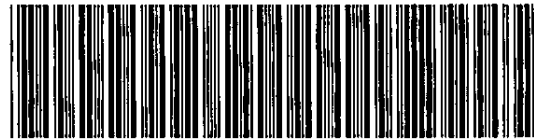
(Business Entity Name)

(Document Number)

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Amend

01/31/17--01016--004 **25.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 JAN 31 AM 8:23

N. CAUSSEAU

FEB 2 - 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

TopCare Pharmacy, LLC

SUBJECT: _____
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:

Les Capella

Name of Person

TopCare Pharmacy, LLC

Firm/Company

3685 NWst 124 Ave

Address

Coral Springs, Fl 33065

City/State and Zip Code

les@topcarepharmacy.net

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

For further information concerning this matter, please call:

Les Capella

754

240-4415

at (_____) _____

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**

(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 07/22/2010 and assigned
Florida document number L10000077337

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 contain 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)

3685 NWst 124ave

Coral Springs, Fl 33065

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:

Les Capella

New Registered Office Address:

3685 NWst 124th Ave

Enter Florida street address

Coral Springs

Florida 33065

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

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STATE
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DIVISION OF CORPORATIONS
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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>	<u>Address</u>	<u>Type of Action</u>
<u>AMBR</u>	<u>CHARLES D. STARNES</u>	6820 NW 103rd Terrace, Parkland	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>LESLIE CAPELLA</u>	9604 Exbury Ct., Parkland, FL 330	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Allison Stefanides</u>	211 N. Liberty St., Suite 3 Jackson	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>ARON STEFANIDES</u>	211 N. Liberty St., Suite 3 Jackson	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>TODD LEVETTE</u>	430 College Dr., #116 Middleburg	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated January, 23rd 2017

Signature of a member or authorized representative of the organization

Leslie Capella

Typed or printed name of signee

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L10000077337
FILED 8:00 AM
July 22, 2010
Sec. Of State
gmcleod**

Article I

The name of the Limited Liability Company is:

TOP CARE PHARMACY LLC

Article II

The street address of the principal office of the Limited Liability Company is:

430 COLLEGE DRIVE
UNIT 116
MIDDLEBURG, FL. US 32068

The mailing address of the Limited Liability Company is:

315 AQUARIUS CONCOURSE
ORANGE PARK, FL. US 32073

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

COLLEGE, TAX & RETIREMENT STRATEGIES, LLC
3110 SPRING GLEN RD.
JACKSONVILLE, FL. 32207

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: LYUBA YOUNG

Article V

The name and address of managing members/managers are:

Title: MGRM
MAYA MYALIL
315 AQUARIUS CONCOURSE
ORANGE PARK, FL. 32073 US

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Sec. Of State
gmcleod

Article VI

The effective date for this Limited Liability Company shall be:

07/20/2010

Signature of member or an authorized representative of a member

Signature: MAYA MYALIL