

L100000085813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

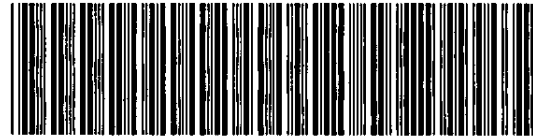
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000266352430

11/13/14--01010--014 *~~25.00~~

FILED
14 NOV 13 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 25 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDROCK PHARMACY, 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:

DANIEL G. MUSCA, ESQ.

Name of Person

TAMPA LAW SOURCE, P.A.

Firm/Company

13139 W. LINEBAUGH AVENUE, SUITE 101

Address

TAMPA, FL 33626

City/State and Zip Code

dan@tampabizlaw.com

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

For further information concerning this matter, please call:

DANIEL G. MUSCA, ESQ.

at (813) 814-0700

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

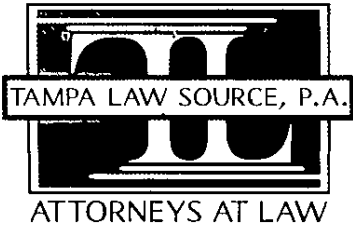
- | | | | |
|--|--|--|--|
| ☒ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee &
Certificate of Status | ☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | ☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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



BUSINESS. HEALTHCARE. COMMERCIAL LITIGATION. BANKRUPTCY. REAL ESTATE.

November 12, 2014

VIA FEDERAL EXPRESS

Department of State
Division of Corporations
Corporate Filings
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Re: Articles of Amendment for Medrock Pharmacy, LLC
Document No. L10000085813**

Dear Sir or Madam:

Please find enclosed for filing Articles of Amendment for Medrock Pharmacy, LLC. Also enclosed is the filing fee of \$25.00 made payable to the Florida Department of State.

Please return all correspondence concerning this matter to me at the address above. For further information concerning this matter, please contact me at the telephone number set forth below.

Very truly yours,

Azurede Ross
Legal Assistant to
Daniel G. Musca, Esq.

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MEDROCK PHARMACY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
14 NOV 13 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on AUGUST 16, 2010 and assigned
Florida document number L10000085813.

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)

13139 W. LINEBAUGH AVENUE, SUITE 101
TAMPA, FL 33626

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:

DANIEL G. MUSCA, ESQ.

New Registered Office Address:

13139 W. LINEBAUGH AVENUE, SUITE 101

Enter Florida street address

TAMPA

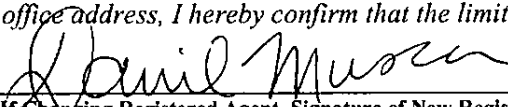
City

, Florida 33626

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 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

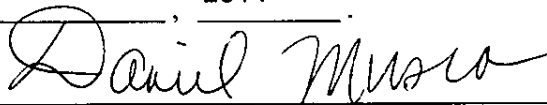
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	AGBEDE, BOLAJI A.	510 VONDERBURG DR., BLDG. B	☐ Add
		BRANDON, FL 33511	☒ Remove
MGRM	AGBEDE, ENIOLA O.	510 VONDERBURG DR., BLDG. B	☐ Add
		BRANDON, FL 33511	☒ Remove
MGR	MUSCA, DANIEL G.	13139 W. LINEBAUGH AVENUE	☒ Add
		SUITE 101	☐ Remove
		TAMPA, FL 33626	
MGR	MUSCA, RONDA N.	13139 W. LINEBAUGH AVENUE	☒ Add
		SUITE 101	☐ Remove
		TAMPA, FL 33626	
MGR	CRIVELLI, JOHN	13139 W. LINEBAUGH AVENUE	☒ Add
		SUITE 101	☐ Remove
		TAMPA, FL 33626	
			☐ Add
			☐ Remove

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated NOVEMBER 12, 2014



Signature of a member or authorized representative of a member

DANIEL G. MUSCA

Typed or printed name of signee