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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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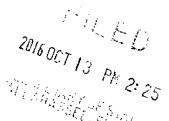
TO: Registration Section Division of Corporations
SUBJECT: Super Saver Pharmacy # 1 LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rosemary Dawoud Name of Person
Firm/Company
520 13th St. Address
Saint Cloud, FL 34769
City/State and Zip Code Rosemery, Bishara @ gna, 1. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rosenery Dawnd at (508) 517 -8460 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Solon Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$\$ 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



Super Save			4,LLC	- 1986 E. S.
1(Name of the Limite	A Florida Limited I	ny as if-how appe Liability Company	ars on our records.)	$\sim 0.09 \mu$
The Articles of Organization for this Limited Lia	ability Company	were filed on _	10/08/2010	and assigned
Florida document number <u>L/00001657</u>	02		•	
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company l	nere:	
The new name must be distinguishable and contain the wo	ords "Limited Liabil	lity Company," the	designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applica	ıble:			
(Principal office address MUST BE A STREET	(ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>30X)</u>	520 1 Seint	3th St. Cloud, Fl	34769
B. If amending the registered agent and/or registered agent and/or the new registered off			n our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Rose	mary	Dowoud Foresta Pl	
New Registered Office Address:	7329	Bella 3 Enter Flo	Foresta Pl	
	Sant	City	, Florida	32771 Zin 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 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> Address **Type of Action** Rosemany Daward 7329 Bella Foresta Pl ☐ Change : { 111 □ Add ☐ Remove □ Change □ Add Change ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove

_□ Change

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effective date is li te: If the date in	other than the date sted, the date must be s serted in this block of e date on the Depart	pecific and cannot be loes not meet the a	pplicable statutor	g or more than 90 days a	optional) after filing.) Pursuant to 605. this date will not be liste	020 :d a
record specifi he 90th day i	ies a delayed eff after the record	ective date, bu is filed.	it not an effect	ive time, at 12:0	1 a.m. on the earlie	ir d
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	Prosent	ature of a member or	authorized represe	ntative of a member		
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Filing Fee: \$25.00