H10000110755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)
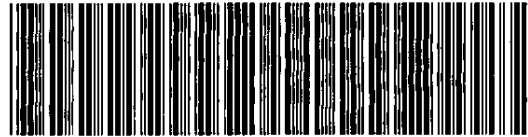
☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. BRUCE

NOV 2 9 2010

EXAMINER

COVER LETTER

SUBJECT: _____B & B Pharmacy_____
           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:

_____Edward Blackman_____
         Name of Person

_____B & B Pharmacy_____
        Firm/Company

_____1802 Concord circle Apt H_____
          Address

_____Kissimmee Fl 34741_____
       City/State and Zip Code

_____eddie.blackman@yahoo.com_____
      E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____Edward Blackman_____ at (786) 326-8761
     Name of Person   Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

B & B Pharmacy
_____
(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 10 | 25 | 2010 and assigned
Florida document number L10000110755 .

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here:</u>

_____

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, <u>enter the name of the new registered agent and/or the new registered office address here:</u>

Name of New Registered Agent: _____

New Registered Office Address: _____
                                         Enter Florida street address

_____ , Florida _____
                    City   *Zip Code*

<u>New Registered Agent's Signature, if changing Registered Agent:</u>

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, <u>Signature of New Registered Agent</u>

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

Title	Name	Address	Type of Action
MGRM	Edward Blackman	1802 concord circle Apt H	☒ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove

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

_____

Dated _Nov 15,_ , _2010_ .

_Edward Blo_____
Signature of a member or authorized representative of a member

Edward Blackman
Typed or printed name of signee

Page 2 of 2

Filing Fee: $25.00