

L100000116653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

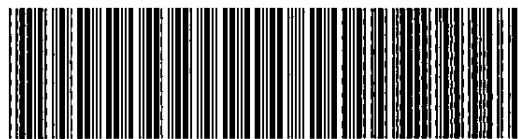
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100211063061

08/29/11--01050--004 **30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 29 PM 2:01

T. HAMPTON

AUG 30 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Captiva Pharma, 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:

Beth Trezza
Name of Person
Captiva Pharma
Firm/Company
13650 Fiddlesticks Blvd.
Address
Ste 202-257
ft Myers, FL 33912
City/State and Zip Code
beth.trezza@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beth Trezza at 941 270-3372
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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 AUG 29 PM 2:01

Captiva Pharma, 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 11/19/2010 and assigned
Florida document number L10000116653

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Captiva Rx, LLC

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:

Beth Trezza

New Registered Office Address:

5352 Chippendale Circle

Enter Florida street address

Ft. Myers

City

Florida

33919

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.

act
If Changing Registered Agent, Signature of New Registered Agent

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
MGR	Daniels, Brett S.	8805 Tamiami Trail N. Apt 118 Naples, FL 34108	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Via Diem Holdings, LLC	5237 Summerlin Commons Blvd Ft Myers, FL 33907	<input type="checkbox"/> Add <input checked="" 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.)

Title MGRM (change of Address)
Christopher E Day
13650 Fiddlesticks Blvd. Ste 202-297
Ft. Myers, FL 33912

Dated

8/22/11

Signature of a member or authorized representative of a member

Beth Trezza
Typed or printed name of signee

FILED
11 AUG 29 PM 2:01
SECRETARY OF STATE
DIVISION OF CORPORATIONS