L10000130951

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OR TORRID

C. LEWIS

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EXAMINER



VIA U.S. MAIL

November 22, 2011

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, Florida 32314

Re: M&S PHARMACY LLC

(Document No. L10000130951)

Dear Sir or Madam:

Enclosed for filing please find the Articles of Amendment to Articles of Organization of M&S Pharmacy LLC. Also enclosed please find the filing fee of \$25.00 made payable to the Florida Department of State.

Please return all correspondence concerning this matter to my attention at the address below. For further information concerning this matter, please contact me at the telephone number set forth below. Thank you for your assistance.

Matthew A. Hatfield

Enclosure

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

	M&S PHARMACY LLC	, , , , , , , , , , , , , , , , , , , ,		
(<u>Name of the Limited</u> (A	Liability Company as it now app Florida Limited Liability Company	y)		
The Articles of Organization for this Limited Li Florida document numberL10000130		December 23, 201	0_ and assigned	
This amendment is submitted to amend the folio	owing:			
A. If amending name, enter the new name of	the limited liability company	<u>here</u> :		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Co	mpany," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
	,	<u> </u>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered of		n our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:	Milagro Rodriguez			
New Registered Office Address:	108			
	Enter Florida street address			
	Trinity	, Florida	34655	
	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 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 hability company has been notified in writing of this change.

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

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<u> Fitie</u>	Name	Address	Type of Action
MGRM	Shady Farouk Tawfik	9945 Trinity Blvd., Suite 108 Trinity, Florida 34655	Add Remove
MGRM	Maikel Bolos	9945 Trinity Blvd., Suite 108 Trinity, Florida 34655	Add Remove
MGRM	Nhi Le	9945 Trinity Blyd., Suite 108 Trinity, Florida 34655	Add
MGRM	Mllagro Rodriguez	9945 Trinity Blvd., Suite 108 Trinity, Florida 34655	Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter chan	gc(s) here: (Attach additional sheets, if necessary.)
			7011 SE
			ZOLI NOV 28 SECRE FARY PALLAHASSE
Dated	blilage	or or authorized representative of a thember	PM 2: 45
	Milagi	ro Rodriguez, Member d or printed name of signee) <u>></u>

Page 2 of 2

Filing Fee: \$25.00