

L10 000 130951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SEC. OF STATE

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



July 11, 2014

VIA U.S. MAIL

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

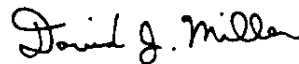
**Re: M&S PHARMACY LLC
(Document No. L10000130951)**

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 the attention of Daniel G. Musca at the address listed below. Thank you for your assistance with this matter.

Sincerely,



David J. Miller

Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M&S 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:

Dan Musca
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:

Dan Musca at (813) 814-0700
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

M & S PHARMACY 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 12/23/10 and assigned
Florida document number L10000130951.

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)

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:

New Registered Office Address:

Enter Florida street address

City, Florida

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>
MGR	Yevgeniya W. Prater	18964 N. Dale Mabry Hwy	<input type="checkbox"/> Add
		Suite 102	<input checked="" type="checkbox"/> Remove
		Lutz, FL 33548	
MGR	Thomas J. Faust	17209 Gunn Hwy	<input checked="" type="checkbox"/> Add
		Odessa, FL 33556-1925	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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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 July 10, 2014.



Signature of a member or authorized representative of a member

Daniel G. Musca

Typed or printed name of signee

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Filing Fee: \$25.00

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