L11000033777

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
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D. BRUCE

MAY 26 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 18, 2011

MICHAEL CHEN 247 SW 8TH ST #218 MIAMI, FL 33130

SUBJECT: PRICE CHOICE PHARMACY # 1 LLC

Ref. Number: L11000033777

We have received your document for PRICE CHOICE PHARMACY # 1 LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 811A00012366

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COVER LETTER ...

TO:	Registration Section Division of Corporations		A -1 *	•	
SŲBJI	T: PRICE CHOICE PHARMACY #1 Name of Limited Liability Company				
The en	sed Articles of Amendment and fee(s) are submitted for filing.				
Please	urn all correspondence concerning this matter to the following:				
	MICHAEL CHEN				
	Name of Person	-			
	EPC CUNSULTANTS				
	Firm/Company	-			
	247 SW 814 ST # 218 Address	_ ##			
	Address				
	City/State and Zip Code				
	E-mail address: (to be used for future annual report notification)				
For fur	r information concerning this matter, please call:	DAIDA	ලා ස		
	Name of Person at (786) 556-7825 Area Code & Daytime Telephone Number		-		
	s a check for the following amount:				
∐\$2 5	(additional copy is enclosed) Certifie	ate of St	atus &		

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

PRILE CHOILE PHAR	nary #1	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our recorbility Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company we Florida document number	vere filed on)(and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
		e e e e e e e e e e e e e e e e e e e
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the design	12 15 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		25 PM
·		
Enter new mailing address, if applicable:	·	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		".
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records,	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
	. Flor	ida
	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 liability company has been notified in writing of this change.

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:

MCR = Manager MCRM = Managing Member

Title	<u>Name</u>		Address	Type of Ac	<u>tion</u>
MGRM	EMERSON	MOLINA	14740 SW 544 3318	TER MAdd Remove	
	, 			Add Remove	
		·		Add Remove	
<u>.</u>				Add Remove	
				AddRemove	
		·		Add	
D. Ifam	ending any other inform	nation, enter change(s	here: (Attach additional sheets,	if necessary.)	
Dated	MAY 54	, 2011		AV 25 PM	
	Si	gnature of a member or a	uthorized representative of a memb	dunting the state of	Ď
			SmiTH rinted name of signee		
					

Page 2 of 2

Filing Fee: \$25.00