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(Re	equestor's Name)	
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		MAIL
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Partner Care Pharmacy Services, LLC

6555 Nova Drive Suite 304 Davie, FL. 33317

954-453-4980 Fax 954-635-6456 partnercarepharmacy.com

C: Registration Section Division of Corporations





I or further information concerning this matter, please call:

Enclosed is a check for the following amount:

E1 \$25.00 Filing Fee

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©\$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

DARTNER CAPE DHA (<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	RMACY SERVICES, LLC as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Horida document number \underline{L} 110000 37300.	ere filed on 3 29 2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabilit</u>	y company here:
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the bibireviation "LLC"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	SGA E
Enter new mailing address, if applicable:	LURIO
<u> Mailing address MAY BE A POST OFFICE BOX</u> 	

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	whenes
		. Florida
	City	Zıp Code

ew Registered Agent's Signature, if changing Registered Agent:

a hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the *i* rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and eccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is veing filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

is amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added renewoved from our records:

| IGR = Manager

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/ MBR = Authorized Member

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<u>irle</u>	<u>Name</u>	Address	<u>Type of Action</u>
AMBR	BLANCA V MORA	# 304 NOVA DRIVE	💶 🗆 Add
		DAVIE, FL 33317	CRemove
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			Change

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

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 11th day Signature of a member or authorized representative of a member Kelley (MANAGER Typed or printed hame of signee

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Filing Fee: \$25.00