

L110000 37300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

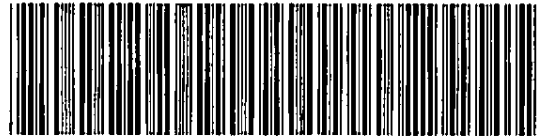
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500330595985

06/14/19--01025--003 **30.00

FILED
2019 JUN 14 A 11:35
CLERK OF STATE
TALLAHASSEE, FLORIDA

D SCOTT

JUN 26 2019

Partner Care Pharmacy Services, LLC

6555 Nova Drive
Suite 304
Davie, FL 33317
954-453-4980
Fax 954-635-6456
partnercarepharmacy.com



PARTNER CARE
PHARMACY SERVICES
BECAUSE WE CARE

TC: **Registration Section**
Division of Corporations

SUBJECT: PARTNER CARE PHARMACY SERVICES, 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:

Kelley C. Schild
Name of Person

Partner Care Pharmacy Services
Firm/Company

6555 Nova Drive, Suite # 304
Address

DAVIE, FL 33317
City/State and Zip Code

Kschild@partnercarepharmacy.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelley Schild at (305) 798-3477
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

FILED
2010 JUN 14 A 4:35
TALLAHASSEE, FLORIDA

PARTNER CARE PHARMACY SERVICES, LLC

1,056 © 2017 Wolters Kluwer Health

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

IGR = Manager

MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	BLANCA V MORALES	6555 NOVA DRIVE # 304	<input type="checkbox"/> Add
		DAVIE, FL 33317	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
JUN 14 2014
DAVIE, FL 33317
DAVIE, FL 33317

2818 JUN 14 A 4: 38
DEPT. OF NAT.
FALLASSIST. FLORIDA

FILED
2918 JUN 14 A 4:38
CLERK OF STATE
TALLAHASSEE, FLORIDA

05/01/2019

Note: 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.

Dated 11th day June. 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee