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(Requestor's Name)

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(City/State/Zip/Phone #)

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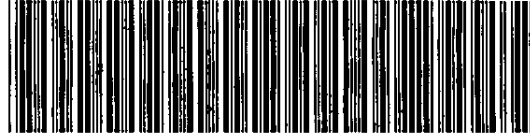
(Business Entity Name)

(Document Number)

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16 JUN -3 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 1, 2016

Florida Department of Corporations
Clifton Building
2661 Executive Center
Tallahassee, FL 32301

Dear Sir/Madam,

Enclosed please find 2 Amendments as follows:

1. Amendment for Wells Specialty Pharmacy, LLC changing its name to "Wells Medical Rx, LLC"
2. Amendment for M.C.S. Enterprises, Inc. changing its name to Wells Specialty Pharmacy, Inc. and other changes to its Articles of Incorporation.

Please file the Wells Specialty Pharmacy, LLC amendment first to provide for the availability of the name for the second amendment.

For clarification, both entities are owned by NFC II, Inc based on recent corporate transactions that occurred respectively on March 11, 2016 and June 1, 2016 so name consent has been given.

If you have any questions, please do not hesitate to contact me at 561-955-0920 or by email at csslaw.shapiro@gmail.com

Thank you.

Sincerely,


Colleen Stacy Shapiro

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wells Specialty 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:

Colleen S Shapiro
Name of Person

Wells Specialty Pharmacy LLC
Firm/Company

803 S. Orlando Avenue, Suite D
Address

Winter Park, FL 32789
City/State and Zip Code

csslaw.shapiro@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Colleen Stacy Shapiro at (561) 955 0920
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Wells Specialty 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 06/30/2011 and assigned
Florida document number L11000076121.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Wells Medical Rx, LLC

The new name must be distinguishable and contain 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

_____, Florida

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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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JUN 1964
FBI - MIAMI

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 6/1, 2016.

Colleen J. Shapiro, Director of member - NFC II, Inc.
Signature of a member or authorized representative of a member

Colleen S. Shapiro
Typed or printed name of signer