# L11 000084518

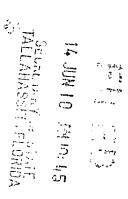
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Edward A. Storey III
Suzanne V. Delaney
Christian J. Gendreau
Jamie L. Storey
Rosannie T. Morgan
John J. Schreiber
Tamara Wasserman

CLIENT/MATTER NUMBER: 1653-010

June 10, 2014

## **VIA FEDERAL EXPRESS**

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**RE:** Transformation Pharmacy Investing, LLC (11000084518)

To Whom it May Concern:

Enclosed please find an original and one copy of the Articles of Amendment of Articles of Organization for the above-mentioned limited liability company along with a check in the amount of \$25.00 to cover the fees associated with filing same. Kindly time-stamp the copy and return to our office in the enclosed self addressed stamped envelope.

Should you have any questions or concerns, please do not hesitate to contact me at the number listed below.

Sincerely,

Bryan Chiafullo

Paralegal

BC/ms Enc.

# **COVER LETTER**

	Registration So Division of Cou			
CUBIEC	TRANS	FORMATION PHAI	RMACY INVESTING, L	LC
SUBJECT	l:	Name of Lin	nited Liability Company	
eni i				
		Amendment and fee(s) are sub	_	
Please retu	urn all correspo	ondence concerning this matter	to the following:	
		Edward	d A. Storey III, E	sq.
			Name of Person	
	•	Store	y Law Group, P.	Α.
			Firm/Company	<del></del>
		3191 Ma	aguire Blvd., Ste	257
			Address	
		Orl	ando, FL 32803	
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report not	ification)
For further	r information c	oncerning this matter, please c	all:	
Edw	ard A.	Storey III	ar 407 488-1	225
	Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed i	s a check for the	ne 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

# TRANSFORMATION PHARMACY INVESTING, 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 Florida document number 11000084518	were filed on July 22, 2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:	4501 N Wickham Road	
(Principal office address MUST BE A STREET ADDRESS)	Suite 104	
	Melbourne, FL 32935	
Enter new mailing address, if applicable:	4501 N Wickham Road	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 104	
	Melbourne, FL 32935	<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:		ne name of the new
		FE
New Registered Office Address:	Enter Florida street address	AN JUNEAU STAN
		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fai provided for in Chapter 605, F.S. Or, if	miliar with and this document is

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 = M $AMBR = A$	Ianager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			☐ Remove
			Remove
			·
			□ Remove
		<del> </del>	Add
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			Add Remove
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		···	□ Remove

effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)	imending any other informs	ation, enter change(s) here: (Attach additional sheets, if necessary.,
e effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after e date this document is filed by the Florida Department of State)  Ited June 9  Signature of a member or authorized representative of a member	·	
effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)  ted  June 9  Signature of a member or authorized representative of a member		
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Signature of a member or authorized representative of a member	ne effective date must be specific, can	not be prior to date of receipt or filed date and cannot be more than 90 days after
Signature of a member or authorized representative of a member	June 9	2014
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Fdward A Storev III	ated <u>Garie</u>	· · · · · · · · · · · · · · · · · · ·
Typed or printed name of signee	ated Garie	

Page 3 of 3

Filing Fee: \$25.00

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