#L11000110740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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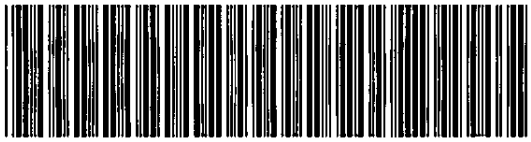

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2014 FEB 10 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
FEB 12 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Goldtree Rx, LLC ~~d/b/a Hillmoor Pharmacy~~
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:

Eduardo Gil
Name of Person

Hillmoor Pharmacy
Firm/Company

4625 103rd Ave
Address

Sinrise. FL 33351
City, State and Zip Code

egil@epharmwholesalers.com
E-mail Address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eduardo Gil
Name of Person

At 954 652-1270
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

FILED
2014 FEB 10 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Goldtree Rx LLC ~~d/b/a Hillcrest Pharmacy~~

(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 ~~10/6/2011~~ 9/27/2011 and assigned Florida document number L11000110740

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

1401 SE Goldtree Dr. # 103
Port St. Lucie, FL 34952

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

4625 103rd Ave
Sunrise, FL 33351

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: Gordon A. Dieterle, Esquire

New Registered Office Address: 2101 NW Corporate Blvd Ste 400
Enter Florida street address

Boca Raton, Florida 33432
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 Changing Registered Agent,~~ Signature of New Registered Agent

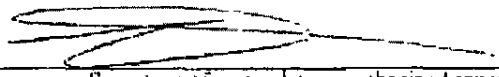
If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Tobia, Toma A.	3120 Brookfield Way Vero Beach, FL 32966	☐ Add ■ Remove
MGRM	Tobia, Suzan A.	3120 Brookfield Way Vero Beach, FL 32966	☐ Add ■ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated _____



Signature of a member or authorized representative of a member

Edward C. [illegible]

Typed or printed name of signee

Filing Fee: $25.00