# L11000114279

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EXAMINER



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## **COVER LETTER**

	ion Section of Corporations			
SUBJECT:		are of St. Petersburg,	L.L.C.	
The enclosed Artic	eles of Amendment and fee(s) are su	ibmitted for filing.		
Please return all co	orrespondence concerning this matte	er to the following:	2	
		Elan Katz	TOCT 25	Ŋ
	<del> </del>	Name of Person	25	LEG
	Gold Standard of	Care of St. Petersburg,	Florida, L.L.C.	513
		Firm/Company	9. 4	127. 127.
	2	500-1 N. State Road 7	<b>.</b>	Th.
		Address		
		Hollywood, FL 33021		
		City/State and Zip Code		
	. , eli E-mail address:	an@quickrxpharm.com (to be used for future annual report r	notification)	
For further informa	ntion concerning this matter, please	call:	· · · · · · · · · · · · · · · · · · ·	
	Max Spivak	at ( 718 )	484-9640	
N	Jame of Person	Area Code & Day	time Telephone Number	
Enclosed is a check	c for the following amount:			
<b>₽</b> \$25.00 Filing Fo	ce \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	\$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

Gold Standard of Care of St. Petersburg, Florida, L.L.C. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) October 5, 2011 The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ L11000114279 Florida document number 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) 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

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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Titlę</u>	<u>Name</u>	Address	Type of Action
<u>MGRM</u>	Michael Verbitsky	2500-1 N. State Road 7 Hollywood, FL 33021	Add Remove
			Add Remove
<del></del>			Add Remove
	****		Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, er	nter change(s) here: (Attach additional sheets, if necessary.)	<u> </u>
<del></del>			<del></del>
	Octob or 10	0044	<del>-</del> .
Dated	October 18	Clar let	
_	Signature of		

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Filing Fee: \$25.00