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	(City/State/Zip/Phone	;#)
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	(Document Number)	
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COVERLETTER

TO: Registration Section Division of Corporations

SUBJECT:

REMED 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:

ANNA KARINA RUBIO

Name of Person

REMED PHARMACY LLC

Firm/Company

1500 NW 3RD STREET, STE 101

Address

DEERFIELD BEACH, FLORIDA 33442

ANNA@RXREMED.COM

E-mail address: (to be used for future annual report notification)

City/State and Zip Code

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

Section \$25.00 Filing Fee

S30.00 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 ORGANIZATION OF

REMED 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 Compan Florida document number <u>L11000142986</u> .	y were filed on DECEMBER 21, 2011	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	vility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		-1.0 5
Enter new mailing address, if applicable:	REMED PHARMACY, LLC	LL ALL
(Mailing address MAY BE A POST OFFICE BOX)	1500 NW 3RD STREET, STE 101	
	DEERFIELD BEACH, FL 33442	IN E
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		the name of the new F
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

Page 1 of 3

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	MARIANNE ANTONIO	1500 NW 3RD STREET, #101 DEERFIELD BEACH, FL 33442	🖸 Add
			C Remove
41400	JASON KASHOU	1500 NW 3RD STREET, #101	Change
AMBR		DEERFIELD BEACH, FL 33442	🖬 Add
			C Remove
		1500 NW 3RD STREET, #101	Change
AMBR	TIFFANI OLIVERA	DEERFIELD BEACH, FL 33442	🖬 Add
			Change
AMBR	WILLIAM WEISENTHAL	1500 NW 3RD STREET, #101 DEERFIELD BEACH, FL 33442	🖬 Add
			Remove
			Change
			Add
			Remove
			Change
			🖸 Add
			Remove
			Change

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E. Effective date, if other than the date of filing: _______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 25,	2019
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Signature of a member or authorized representative of a member

ANNA KARINA RUBIO

Typed or printed name of signee

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Filing Fee: \$25.00