L12000013199

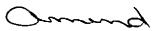
(Rec	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Ďoc	cument Number)	
Certified Copies	Certificates	s of Status
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COVER LETTER

TO: Registration Se Division of Cor	ection enorations			(*	
i. Pharmelinie	♣ 3			•	
SUBJECT:	Name of Lim	ited Liability Company	 		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Daniel P. Saba				
	· 	Name of Person			
	Locklin, Saba, Locklin & J	lones, P.A.			
Firm/Company					
4557 Chumuckla Highway					
		Address			
	Pace, FL 32571				
		City/State and Zip Code			
	dsaba@ljslawfirm.com				
	E-mail address: (to be used for future annual report no	tification)		
For further information c	oncerning this matter, please e	all:		•	3 2
Daniel Saba or Amanda	Fahnestock	\$50 995-1102 at()		-	•
Name o	f Person		ne Telephone Number		2 - 0
Enclosed is a check for the	ne following amount:				Ö
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	ار

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Pharmelinie, 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 Com-	pany were filed on Jan	uary 27, 2012	and assigned
Florida document number L12000013199	-		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the de	signation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES.	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
1.74 may 6.75 . 77.77 b 15.77.7 0 0 1 0 1 7 1 0 1 0 1 0 1 0 1 0 1 0 1			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:		ecords, enter the name	
New Registered Office Address:	Futer Flore	ida street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Ag			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compactept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of i t as provided for in C	my duties, and I am fai Thapter 605, F.S. Or, if	miliar with and this document is
If	Changing Registered Age	ent, Signature of New Regis	tered 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>	Name	Address	Type of Action
MGRM	Spreier, Mitchell P.	1116 N. Ferdon Blvd.	
		Crestview. FL 32536	≣Remove
			CJAdd
			☐ Change
			☐Add
		·	□Remove
			□Add
		Remove	
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Rcmove
			□Change

	
	
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ective date, if other than the date of filing:	
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 60 e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	05.020°
innent's effective date on the Department of State's records.	aicu a:
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h). The 90th day after the content of t	ler the
ed April 36 , 2020 ,	
Signature of a member or authorized representative of a member	
Hal J. Densman	

Filing Fee: \$25.00