

L12000037834

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SECTION OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS

APR 17 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOMESTEAD COMMUNITY PHARMACY, "L.L.C."

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:

Alicia Robles de la Larna, Esq.

Name of Person

Medigal Corp.

Firm/Company

13611 S. Dixie Hwy., # 555

Address

Miami, FL 33176

City/State and Zip Code

alarna@medigal.com

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

For further information concerning this matter, please call:

Alicia Robles de la Larna

305

968-5751

at ()

Name of Person

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**

HOMESTEAD COMMUNITY 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 Company were filed on 03/19/2012 and assigned
Florida document number L12000037834.

This amendment is submitted to amend the following:

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

Homestead Community Pharmacy, LLC

The new name must be distinguishable and contain 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)

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MAR 13 AM 4:39
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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:

Muhizi Condo

New Registered Office Address:

925 NE 30TH TERRACE, Suite 200

Enter Florida street address

Homestead

City

Florida 33033

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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Muhiz: Condo	PO BOX 902062	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Homestead, FL 33090	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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APR 13 11 48
HALL COUNTY CLERK
TALLAHASSEE, FLORIDA

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

Please be advised that the name of the company is not changing, only the way it is listed.

Please be advised that the owner's name is being listed correctly in the amendment: First Name - Muhizi, Last Name - Condo.

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18 APR 13 AM 4:39
TALLAHASSEE, FLORIDA

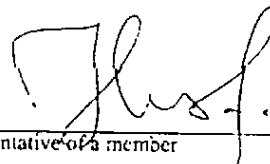
E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: 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 April 6 2018



Signature of a member or authorized representative of a member

Muhizi Condo

Typed or printed name of signer