## U120000 88847

(Requestor's Name)
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## **COVER LETTER**

Pathway Ph	armacy, LLC					
3030.CT.		ited Liability Company	<del></del>			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Paul Franck					
Name of Person						
	Franck's 1, LLC					
		Firm Company				
	2324 SE 15th Street					
		Address	·			
	Ocala, FL 34471					
		City/State and Zip Code				
	pfranckrph@gmail.com	16.6.				
		o be used for future annual report notifi	cation)			
For further information e	oncerning this matter, please ca	dl:				
Paul Franck		352 427-6609 at ()				
Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed is a check for th	ne 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

TO:

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

(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our record mited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Com Florida document number L12000088847	ipany were filed on 7/5/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	l liability company here:	
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 ADDRES	<u> </u>	<u> </u>
		<b>8</b> VISSION SEC
		N OSC
Enter new mailing address, if applicable:		— HAN
Mailing address MAY BE A POST OFFICE BOX)		<b>₹</b> \$946
		<b>99</b> (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
		22 Rose
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres:	<b>Y</b>
		orida
	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

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>	Address	Type of Action
AMBR	Ann Franck	2324 SE 15th Street	Add
		Ocala, FL 34471	■ Remove
			☐ Change
AMBR	Maggie Bartlett	5509 SW 108th Street	
		Ocala, F1. 34476	<b>□</b> Remove
		<u> </u>	Change
AMBR	Dana Yow		
			<b>-</b>
			Change
			□ Remove
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effective 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 that  e: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) n 90 days after filing.) Pursuant to irements, this date will not be	605.020 listed a
record specifies a delayed effective date, but not an effective time, ne 90th day after the record is filed.	at 12:01 a.m. on the ea	rlier o
ed June 13. 2018		

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Typed or printed name of signee

Filing Fee: \$25.00