

# 04/01/2015 11:36 FAX 8417452093 BLALOCK WALTERS 001/004  
 4/1/2015  
 L12000137565  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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(((H15000080932 3)))



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To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.  
 Account Number : 076666003611  
 Phone : (941)748-0100  
 Fax Number : (941)745-2093

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: spennington@blalockwalters.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 FORT MYERS BEACH PHARMACY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

FILED  
 15 APR -1 AM 10:00  
 BUREAU OF CORPORATIONS  
 INFORMATION SERVICES

2015 APR -1 PM 12:06  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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 EXAMINER

APR -2 2015

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Corporate Filing Menu

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BLALOCK WALTERS  
HIS00008093Z 3

002/004

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2015 APR -1 PM 12:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Fort Myers Beach 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 10/30/2012 and assigned  
Florida document number L12000137565

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)

17274 San Carlos Blvd., Unit 205

Fort Myers Beach, FL 33931

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:

Blalock Walters, P.A.

New Registered Office Address:

802 11th Street West

Enter Florida street address

Bradenton

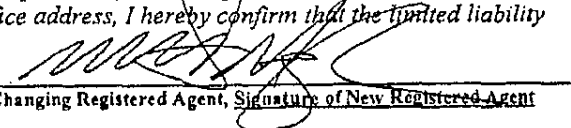
City

Florida 34205

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Fort Myers Beach Pharmacy Holdings, LLC	17274 San Carlos Blvd., Unit 205 Fort Myers Beach, FL 33931	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Leetu Zaman	8985 Cypress Preserve Place Fort Myers, FL 33912	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 1, 2015



Signature of a member or authorized representative of a member

FRANK DESTEFANO

Typed or printed name of signer

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TALLAHASSEE, FLORIDA