

L12000148589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200250066832

07/31/13--01028--010 **30.00

FILED

2013 JUL 31 PM 1:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

AUG 01 2013
D. BRUCE

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **CINERGY 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:

MICHAEL KOCHEN

Name of Person

CINERGY PHARMACY, LLC

Firm/Company

2977 WEST COMMERCIAL BLVD.

Address

FT. LAUDERDALE, FL. 33309

City/State and Zip Code

MKOCHEN@CINERGYRX.COM

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

For further information concerning this matter, please call:

MICHAEL KOCHEN

Name of Person

at **888 735-4100**

Area Code & Daytime Telephone Number

FILED
2009 JUL 31 PM 1:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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**

CINERGY 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 11/28/2012 and assigned
Florida document number L12000148589.

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)

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:

MICHAEL KOCHEN

New Registered Office Address:

2977 WEST COMMERCIAL BLVD.

Enter Florida street address

FT. LAUDERDALE

City

, Florida 33309

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

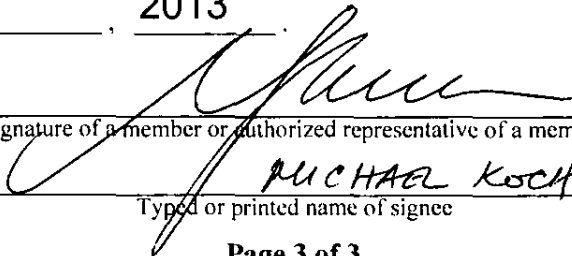
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NANCY NUR	2977 WEST COMMERCIAL BLVD.	<input type="checkbox"/> Add
		FT. LAUDERDALE, FL. 33309	<input checked="" type="checkbox"/> Remove
MGRM	MICHAEL KOCHEN	2977 WEST COMMERCIAL BLVD.	<input checked="" type="checkbox"/> Add
		FT. LAUDERDALE, FL. 33309	<input type="checkbox"/> Remove
MGRM	FERNANDO NISENBAUM	2977 WEST COMMERCIAL BLVD.	<input checked="" type="checkbox"/> Add
		FT. LAUDERDALE, FL. 33309	<input type="checkbox"/> Remove
MGRM	MARCELO KOCHEN	2977 WEST COMMERCIAL BLVD.	<input checked="" type="checkbox"/> Add
		FT. LAUDERDALE, FL. 33309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
 2019 JUL 31 PM 1:30
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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

Dated JULY 29, 2013


Signature of a member or authorized representative of a member

MICHAEL KOCHEN
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED

2013 JUL 31 PM 1:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA