

L12000151350

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 DEC 17 PM 3 00

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Affinity Specialty 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:

Clara Johary

Name of Person

Affinity Specialty Pharmacy LLC

Firm/Company

1905 NW 13th St. Suite 6

Address

Gainesville, FL 32609

City/State and Zip Code

clarajohary@hotmail.com

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

For further information concerning this matter, please call:

Clara Johary

Name of Person

at 352 219-3910

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

RECEIVED
TALLAHASSEE, FLORIDA

2012 DEC 17 PM 3:00

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Affinity Specialty 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 12/3/2012 and assigned
Florida document number L12000151350.

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)

1905 NW 13th St. Suite 6

Gainesville, FL 32609

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1905 NW 13th St. Suite 6

Gainesville, FL 32609

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:

Clara Johary

New Registered Office Address:

1905 NW 13th St. Suite 6

Enter Florida street address

Gainesville

City

, Florida 32609

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

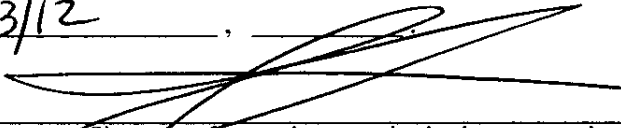
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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

MGR = Manager
MGRM = Managing Member

Page 2 of 3

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

Dated 12/13/12, _____


Signature of a member or authorized representative of a member

Clara Johary

Typed or printed name of signee

FILED
2012 DEC 17 PM 3:00
CLERK OF DISTRICT COURT
MILWAUKEE COUNTY
WISCONSIN