## L12000158557

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

American Pharmacotherapy, LLC SUBJECT: \_ 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: Michele J. Upvall Name of Person American Pharmacotherapy, LLC Firm/Company 10524 Moss Park Rd. Ste. 204-640 Address Orlando, FL 32832 City/State and Zip Code upvallmj@pcipharmacyconsulting.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michele J. Upvall Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee \$30,00 Filing Fee & ■ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 2.22 11 mm.

American Pharmacotherapy, 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 Liabi Florida document number <u>L12000158557</u>	lity Company were filed on December 19, 2012 and assigned		
This amendment is submitted to amend the followi			
A. If amending name, enter the new name of th	e limited liability company here:		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET)	(DDRESS)		
Enter new mailing address, if applicable:	10524 Moss Park Rd.		
(Mailing address MAY BE A POST OFFICE BO	Ste. 204-640		
	Orlando, FL 32832		
B. If amending the registered agent and/or registered agent and/or the new registered office address h	stered office address on our records, <u>enter the name of the new registered</u> <u>ere</u> :		
Name of New Registered Agent:	Michele J. Upvall Family Trust		
New Registered Office Address:	Enter Florida street address		
-	, Florida		
New Registered Agent's Signature, if changing Reg	stered 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.

Middle Trustee

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
MGR	Michele Upvall	10524 Moss Park Rd	<b>=</b> Add
		Ste. 204-640	□Remove
		Orlando, FL 32832	
MGR	Julie Upvall	10524 Moss Park Rd	
-		Ste. 204-640	
		Orlando, FL 32832	
			□Remove
			□Change
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ffective date, if other than the lan effective date is listed, the date mus lote: If the date inserted in this blocument's effective date on the Do	date of filing:	pplicable statutory t	(option (option) (opt	nal) iling.) Pursuant to 605,0207 date will not be fisted as
record specifies a delayed effective list filed.	date, but not an effect	ive time, at 12:01 a.	m, on the earlier of; (b)	The 90th day after the
May 11	2020	·-		
Micop	rall			

Filing Fee: \$25.00