

112 000 158 557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

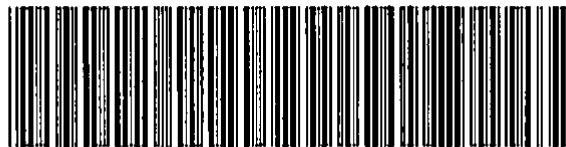
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200344578102

05/14/20--01003--024 \*\*55.00

R WHITE

JUN 02 2020

200344578102

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: American Pharmacotherapy, 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:

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@pcipharmaconsulting.com

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

For further information concerning this matter, please call:

Michele J. Upvall

412

8746799

at ( )

Name of Person

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2.22' 14. 5. 11: 2

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

***(Principal office address MUST BE A STREET ADDRESS)***

*(Mailing address MAY BE A POST OFFICE BOX)*

Orlando, FL 32832

Michele J. Upvall Family Trust

Enter Florida street address

**Florida**

678

Zip Code

*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.*

Michael J. Ball 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Michele Upvall	10524 Moss Park Rd	<input checked="" type="checkbox"/> Add
		Ste. 204-640	<input type="checkbox"/> Remove
		Orlando, FL 32832	<input type="checkbox"/> Change
MGR	Julie Upvall	10524 Moss Park Rd	<input checked="" type="checkbox"/> Add
		Ste. 204-640	<input type="checkbox"/> Remove
		Orlando, FL 32832	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated May 11 2020

Michele J. Upvall

---

Typed or printed name of signee

**Filing Fee: \$25.00**