

L13000018996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

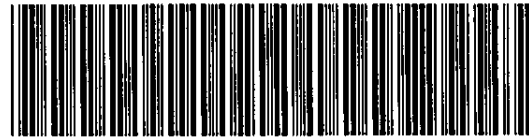
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000246253600

04/08/13--01044--022 **30.00

FILED
13 APR -8 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
APR 9 2013
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MED & Co. Investment 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:

LALLE ZOUBOYE

Name of Person

MED & Co Investment LLC

Firm/Company

18015 JAVA ISLE DR

Address

TAMPA, FL 33647

City/State and Zip Code

MHDEM@HOTMAIL.COM

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

For further information concerning this matter, please call:

LALLE ZOUBOYE

Name of Person

813 4108946

at ()

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

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

FILED

13 APR -8 PM 2:46

QUICK'N SAVE PHARMACY LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 FEBRUARY 06, 2013 and assigned
Florida document number L13000018996.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MED & Co INVESTMENT LLC

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)

18015 JAVA ISLE DR

TAMPA, FL 33647

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18015 JAVA ISLE DR

TAMPA, FL 33647

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:

LALLE ZOUBOYE

New Registered Office Address:

18015 JAVA ISLE DR

Enter Florida street address

TAMPA

, Florida 33647

City

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.

Lalle Zoubaye

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>
MGRM	MOHAMED DEMBELE	18015 JAVA ISLE DR	<input type="checkbox"/> Add
		TAMPA, FL	<input checked="" type="checkbox"/> Remove
MGRM	LALLE ZOUBOYE	18015 JAVA ISLE DR	<input checked="" type="checkbox"/> Add
		TAMPA, FL	<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

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

FILED

13 APR -8 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated APRIL 2, 2013

Lalle Zoubouye

Signature of a member or authorized representative of a member

LALLE ZOUBOYE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00