

Division of Corporations

Page 1 of 1

L13000034032

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H140000923203ABCV

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON P.
Account Number : 076666003611
Phone : (941) 748-0100
Fax Number : (941) 745-2093

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please**

Email Address: _____

RECEIVED

14 APR 17 PM 3:05

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED
2014 APR 17 AM 10:45
TALLAHASSEE, FLORIDA
FLORIDA DEPARTMENT OF STATE

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MEDS MADE EASY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help APR 18 2014

BRUCE

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **MEDS MADE EASY, 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:

Robert Stroud

Name of Person

Firm/Company

2 N. Tamiami Trail, Suite 408

Address

Sarasota, FL 34236

City/State and Zip Code

rstroud@blalockwalters.com

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

For further information concerning this matter, please call:

Robert Stroud

Name of Person

at **941 748-0100**

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

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2014 APR 17 AM 10:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

(((H14000092329 3)))

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

Meds Made Easy, 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 March 6, 2013 and assigned Florida document number L13000034032.

This amendment is submitted to amend the following:

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

Clyde Brewer Holdings, 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)

12610 Daisy PlaceBradenton, Florida 34212

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12610 Daisy PlaceBradenton, Florida 3412

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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 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.

If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Lee Zoller	12610 Daisy Place	<input checked="" type="checkbox"/> Add
		Bradenton, Florida 34212	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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PALM BEACH COUNTY
FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 17 2014



Signature of a member or authorized representative of a member

Robert Stroud, Authorized Representative of Member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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