

L13000066057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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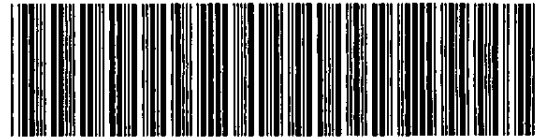
MAIL

(Business Entity Name)

(Document Number)

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ALLAH/3511 FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Vistacare Pharmacy Services, 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:

Nazir Hassan

Name of Person

Vistacare Pharmacy

Firm/Company

1441 E Fletcher Ave #113

Address

Tampa, FL 33612

City/State and Zip Code

vistacarepharm@gmail.com

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

For further information concerning this matter, please call:

Nazir Hassan

Name of Person

at (727)

Area Code

692-9842

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

VistaCore Pharmacy Services, 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 5/6/13 and assigned  
Florida document number 213000066059.

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 contain 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)**

Nazir Hassan

1441 E Fletcher Ave #113

Tampa FL 33612

**Enter new mailing address, if applicable:**

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

**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:

Nazir Hassan

New Registered Office Address:

1441 E Fletcher Ave #113

Enter Florida street address

Tampa

City

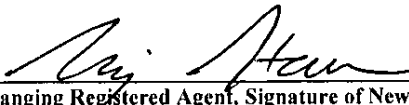
Florida

33612

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**

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>
MGRM	Vinay Taneja	12416 Eagles Entry Dr	<input type="checkbox"/> Add
		Odessa, FL 33556	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	Nazir Hassan	1441 E Fletcher Ave #173	<input checked="" type="checkbox"/> Add
		Tampa, FL 33612	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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**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

03/30/17

Viney Tanaj  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

VINAY TANG JA  
Typed or printed name of signee

Typed or printed name of signee