

L13000066059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

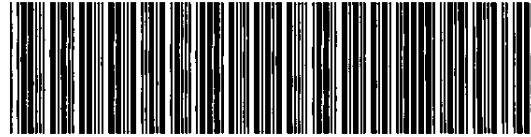
(Business Entity Name)

(Document Number)

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17 APR -7 PM 12:55
TALLAHASSEE, FLORIDA

APR 10 2017

Y SULK

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:

☒ \$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**

VistaCare 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 U13000066059

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)

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 |
| | | Odezza, FL-33556 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGRM | Nazir Hassan | 1441 E Fletcher Ave #113 | <input checked="" type="checkbox"/> Add |
| | | Tampa FL 33612 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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APR 7 11:00 AM
ADMISSIONS SECTION

17 APR - 1 PM
WILLIAMSBURG, ILL.

17 APR - 7 PM EST '85

03/31/17

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,

Signature of a member or authorized representative of a member

Typed or printed name of signee