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SECRETARY OF STATE
JALLAHASSEE, FLORIDA.

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## **COVER LETTER**

TO: Registration Section
Division of Corporations

Surgery Epic Care Pharmacy, 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:

Alvaneta Osbourne

Name of Person

Epic Care Pharmacy, LLC

Firm/Company

1002 NW 139 Terrace

Address

Pembroke Pines, FL 33028

City/State and Zip Code

oalvaneta@gmail.com

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

For further information concerning this matter, please call:

Alvaneta Osbourne

,954<u>,</u>240-8481

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)

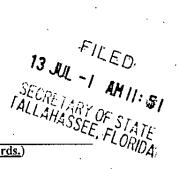
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**MAILING ADDRESS:** 

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



Epic Care Pharmacy, LLC

company has been notified in writing of this change.

(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 Comp.  Florida document number L13000084821	pany were filed on 06/12/2	013 and assigned
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 end with the words "L.L.C."	Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u>S)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	·····	, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agented Agent's Signature, if changing Registered Agented Agent's Signature, if changing Registered Registere	<u>zent:</u>	
I hereby accept the appointment as registered agent and the provisions of all statutes relative to the proper and c	l agree to act in this capac complete performance of m	ity. I further agree to comply with y duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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

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

Title	Name	Address	Type of Action
MGRM	Coral Osbourne	3897 NW 73 Terrace	_ ✓ Add
		Coral Springs, FL 33065	Remove
			-
	·····		Add
			Remove
	·		Add
			Remove
			_ Add
			Remove
			-
			_ L Add
			Remove
			Add
			Remove
			_

). If amending any other information, ento	er change(s) here: (Attach additional sheets, if necessary.)
• `	
*	
	,
	100
June 18	2013
Signature of	
Signature of	a member or authorized representative of a member
Alvaneta Osbourne	
	Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00