

43000100141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

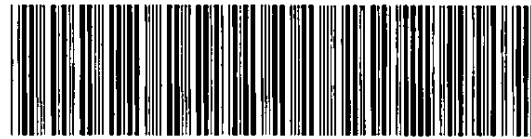
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TALLAHASSEE, FLORIDA

S. WARREN

JUL 14 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2017

SANDEEP MATHOW
5703 RED BUG LAKE ROAD STE #256
WINTER SPRINGS, FL 34711

SUBJECT: VISTA SPECIALTY PHARMACY, LLC
Ref. Number: L13000100141

We have received your document for VISTA SPECIALTY PHARMACY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

MISSING PAGE 3 WITH SIGNATURE

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 217A00013712

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VISTA SPECIALTY 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:

Sandeep Mathow

Name of Person

Smart Rx Systems, Inc

Firm/Company

5703 Red Bug Lake Road #256

Address

Winter Springs, Florida 32708

City/State and Zip Code

info@smartrxsystems.com

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

For further information concerning this matter, please call:

Sandeep Mathow

407

536-5696

at ()

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)

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**

VISTA SPECIALTY PHARMACY

(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 7-15-2013 and assigned
Florida document number L13000100141.

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:

1500 OAKLEY SEAVER DRIVE #3

(Principal office address MUST BE A STREET ADDRESS)

CLERMONT FLORIDA 34711

Enter new mailing address, if applicable:

5703 RED BUG LAKE ROAD #256

(Mailing address MAY BE A POST OFFICE BOX)

WINTER SPRINGS, FLORIDA 34711

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:

SANDEEP MATHOW

New Registered Office Address:

5703 RED BUG LAKE ROAD #256

Enter Florida street address

WINTER SPRINGS

City

Florida 34711

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>
MGR.	DAVIAN SANTANA	4290 SOUTH HWY 27 #202	<input type="checkbox"/> Add
		CLERMONT, FLORIDA 34711	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SANDEEP MATHOW	4290 SOUTH HWY 27 #202	<input type="checkbox"/> Add
		CLERMONT FLORIDA 34711	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SANDEEP MATHOW	5703 RED BUG LAKE RD #256	<input checked="" type="checkbox"/> Add
		WINTER SPRINGS, FL 32708	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SWATANTRA ROHATGI	5703 RED BUG LAKE ROAD #25	<input checked="" type="checkbox"/> Add
		WINTER SPRING FL 34711	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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JUL 13 2011
AM 11:20
CLERMONT, FLORIDA

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

SMART RX SYSTEMS, INC OWNS VISTA SPECIALTY PHARMACY LLC.

5703 RED BUG LAKE ROAD #256 WINTER SPRINGS FLORIDA 32708

VISSTA SPECIALTY PHARMACY DBA: SMART RX PHARMACY

1500 OAKLEY SEAVER DR #3 CLERMONT FLORIDA 34711

E. Effective date, if other than the date of filing: 6-28-2017 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 6-28-2017


Signature of a member or authorized representative of a member

SWATANTRA ROHATGI 813-340-4423
Typed or printed name of signee

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CLERK OF COURT
CLERK OF COURT