L13000156601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB - 7 2013

T. HAMPTON

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: PROFESSIONAL PHARMACY & COMPOUNDING 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:

AZA IKETIANI
Name of Person

PROFESSIONAL PHARMACY & COMPOUNDING SERVICES LLC
Firm/Company

3921 NW 7TH STREET
Address

MIAMI FLORIDA 33160.
City/State and Zip Code

PHARMACYANDCOMPOUNDING@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AZA IKETIANI at (954) 274-3074
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

TO
ARTICLES OF ORGANIZATION
OF

PROFESSIONAL PHARMACY'S COMPOUNDING 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 _____ and assigned Florida document number L13000156601

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 "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)

3921 NW 7TH STREET
MIAMI FL. 33160

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

P. O. BOX 260307
PEMBROKE PINES FL. 33026.

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

_____, **Florida** _____
City *Zip Code*

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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

Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	IKEJIANI, KAYCEE C.	2321 DUNHILL AVE MIRAMAR FL. 33025	☐ Add ☒ Remove
MGRM	IKEJIANI, CHISOM H.	2321 DUNHILL AVE MIRAMAR FL. 33025	☐ Add ☑ Remove
MGRM	IKEJIANI, ANGEL B.	2321 DUNHILL AVE MIRAMAR FL. 33025	☐ Add ☑ Remove
MGRM	IKEJIANI, SUZETTE C.	2321 DUNHILL AVE MIRAMAR FL. 33025	☐ Add ☑ Remove
MGRM	IKEJIANI, JOY E.	2321 DUNHILL AVE MIRAMAR FL 33025	☐ Add ☑ Remove
			☐ Add ☐ Remove

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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 2/5/2014

Azu Ghajani

Signature of a member or authorized representative of a member

AZUBUEZE IKEJIANI

Typed or printed name of signee

Filing Fee: $25.00

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TALLAHASSEE, FLORIDA