

L 14 0000016426

Division of Corporations

Florida Department of State
Division of Corporations
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(((H14000119631 3)))



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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CALLÉ OCHO PHARMACY LLC

Certificate of Status	0
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T. Bush MAY 20 2014



May 21, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CALLE OCHO PHARMACY LLC
2204 SW 8TH ST
MIAMI, FL 33135

SUBJECT: CALLE OCHO PHARMACY LLC
REF: L14000016426

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

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

Tim Burch
Regulatory Specialist II

FAX Aud. #: H14000119631
Letter Number: 514A00010961

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H14000119831

Calles Ocho Pharmacy 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 01/30/2014 and assigned Florida document number L1400016426.

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)

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

11 MAY 21 AM 11:15
TALLAHASSEE, FLORIDA
STATE TREASURER

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:

ANET MARTINEZ

New Registered Office Address:

2204 SW 8 ST.

Enter Florida street address

MIAMI

City

Florida 33135

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

H14000119831

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
D	ANET MARTINEZ	2204 SW 8 ST. MIAMI, FL 33135	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
D	JIMMY REYES LANES	2204 SW 8 ST. MIAMI, FL 33135	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FLORIDA

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

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 May 15, 2014

R. Henry Gley
Signature of a member or authorized representative of a member
ANET MARTINEZ
Typed or printed name of signer

Page 3 of 3
Filing Fee: \$25.00

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