L14 000 032148

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(Address)

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(City/State/Zip/Phone #)

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(Document Number)

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TALLAHASSEE, FLORIDA

S Warren
JUN 22 2016

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: AMERICAN 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:

MIROSIS GONZALEZ
Name of Person

Mirosis Gonzalez / American Care Pharmacy LLC
Firm/Company

2053 N University Dr.
Address

Sunrise FL 33322
City/State and Zip Code

American.care.pharmacy@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIROSIS GONZALEZ at (954) 380 8659
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

AMERICAN CARE 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 02/25/2014 and assigned Florida document number L14000032148

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)

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

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TALLAHASSEE, FLORIDA

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: MIROSIS GONZALEZ

New Registered Office Address: 2053 N University Dr
Enter Florida street address

Sunrise, **Florida** 33322
City *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.

Mirosis Gonzalez
If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	LUIS M VINALS	5100 W COPANS RD	☐ Add
	Suite 400 Margate FL 33063		☒ Remove
			☐ Change
MGRM	LUIS M VINALS	5100 W COPANS RD	☐ Add
	Suite 400 Margate FL 33063		☒ Remove
			☐ Change
MGR	BERIOSKA SOSA	2053 N University Dr	☒ Add
	Sunrise FL 33322		☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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E. Effective date, if other than the date of filing: _____ (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 6/9/16

Miroslava Gonzalez
Signature of a member or authorized representative of a member

MIROSLAVA GONZALEZ
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

Filing Fee: $25.00