

L14 000 032148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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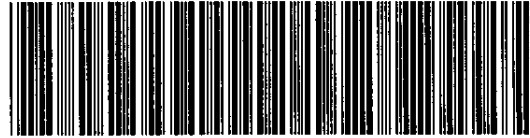
(Business Entity Name)

(Document Number)

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2016 JUN 21 P 3:03
SECRETARY OF STATE
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) 300 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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2014 JUN 21 P 3 03
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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

City

Florida

33322

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LUIS M VINALS	5100 W COPANS RD	☐ Add
	Suite 400		☒ Remove
	Margate FL 33063		☐ Change
MGRM	LUIS M VINALS	5100 W COPANS RD	☐ Add
	Suite 400		☒ Remove
	Margate FL 33063		☐ Change
MGR	Berioska SoSA	2053 N University Dr	☒ Add
	Sunrise FL 33302		☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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Lined area for document content.

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, _____.

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

MIROSIS GONZALEZ
Typed or printed name of signee

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2015 JUN 21 P 3:03
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TREASURY, FLORIDA