

L14000052675

Florida Department of State
Division of Corporations
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RE-SUBMIT

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HOME SERV PHARMA, LLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAY 27 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HOME SERV PHARMA, 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:

Name of Person
CT Corporation
Firm/Company
1200 South Pine Island Road
Address
Plantation, Florida 33324
City/State and Zip Code
AP@maketraveleasier.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Husselman at **407** **849-0670**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

5/23/2014 12:56:08 From: To: 8506176383

(2/7)

850-817-8381 5/23/2014 8:29:28 AM PAGE 1/001 Fax Server



May 23, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HOME SERV PHARMA, LLC
6751 FORUM DRIVE
SUITE 200
ORLANDO, FL 32821US

SUBJECT: HOME SERV PHARMA, LLC
REF: L14000052675

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

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

Tim Burch
Regulatory Specialist II

FAX Aud. #: H14000121526
Letter Number: 314A00011215

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RECEIVED

14 MAY 23 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HOME SERV PHARMA, LLC

(Name of this 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 03/31/2014 and assigned
Florida document number L14000052675.

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**)

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:

CT Corporation

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

Florida 33324

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.

Jordan Brown
If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3 Jordan Brown, Assistant Secretary

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 MAY 22 11 41 AM '14
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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 _____



Signature of a member or authorized representative of a member

Craig Mateer

Typed or printed name of signer



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TALLAHASSEE, FLORIDA