

L14000072184

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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2014 SEP -3 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan SEP 10 2014

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: E AND L PHARMACY DISC. 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:

ERNESTO LORENZO  
Name of Person

E AND L PHARMACY DISC LLC  
Firm/Company

237 NW 12 AV SUITE C  
Address

MIAMI, FL 33128  
City/State and Zip Code

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

For further information concerning this matter, please call:

ERNESTO LORENZO at (305) 547 1240  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2014 SEP -3 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E AND L PHARMACY DISCOUNT 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 08/29/2014 and assigned  
Florida document number L14000072184.

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:

ERNESTO LORENZO

New Registered Office Address:

237 NW 12 AV SUITE C.

Enter Florida street address

MIAMI

City

Florida 33128.

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.

Ernesto Lorenzo

LLC Changing Registered Agent, Signature of New Registered Agent

If amepding 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>
MGR	ERNESTO LORENZO	237 NW 12 AV	<input checked="" type="checkbox"/> Add
		SOUTH MIAMI, FL	<input type="checkbox"/> Remove
		33128	
AMBR	LAZARO PEREZ	237 NW 12 AV	<input type="checkbox"/> Add
		SOUTH MIAMI, FL	<input checked="" type="checkbox"/> Remove
		33128	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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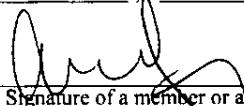
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 08 AUG 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

ERNESTO LORENZO  
\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA