L14000112789

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	☐ MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



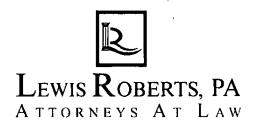


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May 3, 2016

Sent via U.S. Mail

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Filing of Amendment – Central Care Pharmacy LLC

Document No.: L14000112789

To Whom It May Concern:

Please find enclosed a fully executed Amendment to the Articles of Organization of Central Care Pharmacy for filing, along with the required \$25.00 payment. Please contact me with any questions. Thank you.

Jonathan J. A. Paul

Attorney and Counselor at Law

Enclosures cc: File

16 MAY -5 PH 4: 00
SECRETARY OF STATE
TALLAHASSEF FLOORS.

COVER LETTER

TO: Rej Div	distration Section Section of Corp	ction Porations					
SUBJECT:		CARE PHARMACY LLC					
obsect.		Name of Line	ited Liability Company				
The enclose) Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please retun	all correspo	ndence concerning this matter	to the following:				
		JONATHAN J. A. PAUL					
			Name of Person				
		LEWIS ROBERTS, P.A.					
			Firm/Company				
		631 PALM SPRINGS DR	VE, #114				
			Address				
		ALTAMONTE SPRINGS	FL 32701		TALL SECI	25	
			City/State and Zip Code		全部	4.	
		JONATHAN@LRLAWOF			認為	-5	,
			to be used for future annual report notif	(cotion)			į
For further	nformation c	oncerning this matter, please c	all:				:
JONATHA	N J. A. PAUL		407 749-0080			PH 4: 00	
	Name o	f Person	Area Code Daytime	: Telephone Number		Q	
Enclosed is	a check for th	ne following amount:					
2 \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy taddmonal copy is enclosed;	S60.00 Filing I Certificate of Certified Cop (additional copy	Status & y		

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

-	Ciỳ.	, Florida <u>Zip Code</u>
	Enter Flurida street o	
New Registered Office Address:		
Name of New Registered Agent:		
registered agent and/or the new registered office	e address here:	<i>></i> * •
B. If amending the registered agent and/or	registered office address on our rec	ords, enter the name of the new
		
MALLING Address MAY BE A POST OFFICE BO	<u> </u>	
•		
S-2		
		<u> </u>
(Principal office address MUST BE A STREET A	(DUKESS)	
• •		
·		"LLC" or the abbreviation "L.L.C."
the Articles of Organization for this Limited Liability Company were filed on 67-17-2014 and assigned florida document number L14000112789 This amendment is submitted to amend the following: The 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." There new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) The new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) The 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:		
This amendment is submitted to amend the followi	amendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: we name must be distinguishable and combin the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." re new principal offices address, if applicable: cipal office address MUST BE A STREET ADDRESS) re new mailing address, if applicable: ling address MAY BE A POST OFFICE BOX) of amending the registered agent and/or registered office address on our records, enter the name of the new tered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	
Florida document number 1.14000112789	 •	
		and assigned
	• • •	
(Name of the Limited L	lability Company as it now appears on our re	rords.)
CENTRAL CARE PHARMACY LLC		

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CAIUS JULIUS SANTOS	1136 Courney Chase Circle #723	
		Orlando, FL 32837	FRemove
			☐ Change
			C Add
			C Remove
			C Change
			O Add
			O Rémove 5
			Change Y -5 PH -5
	·	`	Change
			D Add
			O Remove
			☐ Change
			
			D Remove
			Change

other members/managers of C	Central Care Pharmacy LLC pursuant to Section 605.0602(a), Florida Statutes. Sat	ntos
is no longer authorized to und	lertake any business on behalf of Central Care Pharmacy LLC. The effective date	of
the unanimous consent for ex	pulsion is April 19, 2016.	
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ective date, if other than the	date of filing: April 19, 2016 (optional)	
te: If the date is listed, the date must be the date inserted in this became in the Determinant's effective date on the De	is be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant took does not meet the applicable statutory filing requirements, this date will not be exact ment of State's records.	e liste
discuss circuite date on the Di	spanniem of otale a records.	
record specifies a delayed he 90th day after the rec	d effective date, but not an effective time, at 12:01 a.m. on the e ord is filed.	earlie
APRIL 28	2016	
		7

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00