

LL50000018510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

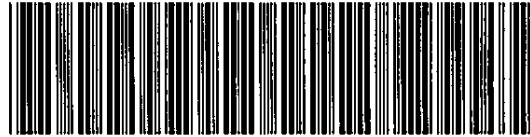
(Business Entity Name)

(Document Number)

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FILED
15 MAY - 6 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY - 8 2015

T. BROWN

N/C

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLARkes 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:

Hugh Clarke
Name of Person

CLARkes Pharmacy
Firm/Company

8200 Adrina Shores Way
Address

Boynton Beach, FL 33473
City/State and Zip Code

~~hclarke~~ hclarke@isecurefl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hugh Clarke at (954) 234-6629
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2015

HUGH CLARKE
CLARKES PHARMACY.LLC
8200 ADRINA SHORES WAY
BOYNTON BEACH, FL 33473

SUBJECT: CLARKES PHARMACY.LLC
Ref. Number: L15000018510

We have received your document for CLARKES PHARMACY.LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Teresa Brown
Regulatory Specialist II

Letter Number: 715A00007610

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CLarkes Pharmacy, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
15 MAY -5 PM 12:20
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/30/2015 and assigned
Florida document number L15000018310.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CLARKE'S Pharmacy, LLC

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:

New Registered Office Address:

Enter Florida street address

City, Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

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

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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		_____	<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.)*


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



Typed or printed name of signee