

L15000021335

Florida Department of State
Division of Corporations
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((H16000209568 3)))



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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
49TH STREET PHARMACY, LLC**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

2ND REQUEST

AUG 25 2016
J. HARRIS

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Help

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

H 16000209568

49th STREET 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 2/4/15 and assigned Florida document number L15000021335.

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)

455 E 49 ST
HALEAH FL 33013

*** Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

455 E. 49th Street
Hialeah, FL 33013

*** 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:

Oyejide Akanbi

New Registered Office Address:

455 E. 49th Street

Enter Florida street address

Hialeah

City

Florida

33013

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.

Oyejide Akanbi
If Changing Registered Agent, Signature of New Registered Agent

H 16000209568

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

H16000209568

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Nancy NUR Ugo	6919 W. Broward Blvd #209 Plantation, FL 33317	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Oyejide Akanbi	455 E. 49th St Hialeah, FL 33013	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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: 8/22/16 (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 August 22, 2016

Signature of a member or authorized representative of a member

Oyeside Akpanbi

Typed or printed name of signer