# 1500093381

<del></del> .	(Requestor's Name)
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PICK-U	D WAIT MAIL
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	(Document Number)
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ALL MILSSEE, FLORID

S. WARREN JUN 2 0 2017

## COVER LETTER

то:	Registration Se- Division of Cor			
SUBJE		PHARMACY SERVICES, LL	С	
SOBJE	C. 1	Name of Limi	ited Liability Company	
The enc	losed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Elan	KA12 Name of Person	
			Name of Person	
		Polaris Ph	Firm/Company	
		1047 Sur	2f Avenue, due	d FC
		Brookly	Cily/State and Zip Code	
		lidya@ E-mail address: (1	QRhqRoup. com to be used for future innual report notif	ication)
For furt	her information co	oncerning this matter, please ea	nll:	
	lidiya (	Blushenkove	at ( <u>M2</u> ) <u>M9 - <b>%</b> Area Code Daytime</u>	102 ext. 103
	Name o	l'Person	Area Code Daytime	: Telephone Number
Enclose	d is a check for th	ne following amount:		
<b>■</b> \$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

(Name of the Limited Liabil (A Floric	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number 4.15000093381	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited Elability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	(RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office ad	istered office address on our records, <u>enter the name of the nedress here:</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Naw Danietavad Agant's Signatura if shanging Dagistar	

#### 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 familian with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. On if the document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited flability 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>Address</u> Type of Action <u>Title</u> <u>Name</u> Jonathan Paritzky MGR 4770 Biscayne BLVD Suite 1400 Remove MIAMI, EL 33137 \_\_ Change 11 Cennberry Street Brooklyn, NY 11201 MGR Elan Katz \_□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove Change ☐ Change

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<u>e:</u> If the date	inserted in this b	plock does not	meet the applica	to date of filing or mo able statutory filing	re than 90 days after requirements, this	filing.) Pursuant t date will not b	to 605.020 e listed t
ument's effec	tive date on the I	Department of	State's records.				
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ed	June	1 2 1	. 2017	<u>-</u> .			
				<u></u>			-
_	<del></del>	Signature of a	member or autho	rized representative of	of a member	<u></u>	<u>-</u>
				d name of signee			; ;

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Filing Fee: \$25.00