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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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15 JUL -8 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 09 2015

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 17th Street Discount Pharmacy, LLC

The enclosed Articles of Amendment and fee are submitted for filing. Please be advised that 17th Street Discount Pharmacy, LLC agrees to the adoption of its corporate name by Marshall Enterprises, Inc.

Please return all correspondence concerning this matter to the following:

George Ortiz
1515 E. Silver Springs Blvd, Ste 204
Ocala, Florida 34470
attygortiz@earthlink.net

For further information concerning this matter, please call:

George Ortiz at (352) 732-2000

Enclosed is a check for the following amount: \$60.00 (Filing Fee, Certificate of Status & Certified Copy)

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**

17th Street Discount 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 June 4, 2015 and assigned Florida document number L15000098224.

This amendment is submitted to amend the following:

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

Sara Alderman Enterprises, LLC

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:

2506-B SE 17th Street

(Principal office address MUST BE A STREET ADDRESS)

Ocala, Florida 34471

Enter new mailing address, if applicable:

2506-B SE 17th Street

(Mailing address MAY BE A POST OFFICE BOX)

Ocala, Florida 34471

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

_____, Florida
City 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

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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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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
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_____	_____	_____	<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.)*

Multiple horizontal lines for amending information.

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (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 July 6, 2015

Sara Alderman
Signature of a member or authorized representative of a member

Sara Alderman, Member
Typed or printed name of signee