# 1500/15378

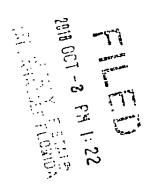
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700319204767

10/08/18--01010--009 ++25.00



O BRUCE

## **COVER LETTER**

	sion of Cor					
SUBJECT:	Benzer FL	10 LLC				
SUBJECT.		Name of Lim	ited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Frank Pomarico				
	Name of Person					
		Benzer Pharmacy				
	Firm/Company 5908 Breckenridge Parkway					
			Address	-		
		Tampa, FL 33610				
		·	City/State and Zip Code	•		
		fpomarico@benzerpharmac				
		E-mail address: (	to be used for future annual report notification)	29		
For further in	formation co	oncerning this matter, please ca	all:	= = = = = = = = = = = = = = = = = = = =		
Frank Pomar	ico		813 304-2221 ext. 113			
	Name of	Person	Area Code Daytime Telephone Number	77 00		
Enclosed is a	check for th	e following amount:		2		
■ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &		

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

Benzer FL 10 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  $\_07/06/2015$ and assigned Florida document number \_\_L15000115378 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 "LLC." 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

### 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
MGRM	Benzer Pharmacy Holding LLC	5908 Breckenridge Pkwy	
		Tampa, FL 33610	<b>■</b> Remove
			Channa.
MGR	Alpesh Patel	5908 Breckenridge Pkwy	
		Tampa, FL 33610	□ Remove
			□ Change
MGR	Manish Patel	5908 Breckenridge Pkwy	■ Add
		Tampa, FL 33610	☐ Remove
			Change
AMBR	Benzer Pharmacy Holding LLC	5908 Breckenridge Pkwy	Add)
		Tampa, FL 33610	Remove F
			- Change
			□ ∧dd
			□ Remove
			□ Change
			Add
			□ Remove
			□ Change

		<del>-</del>				
<del></del>						
						<del>.</del> _
				·		
				·	· ·	
			<del></del>			
		<del></del>		<del></del>		
	<del></del>			-		220
<u> </u>					F. (	25
					13.	
						<u>.</u> 29.
					ئر :	(1) (1) (1)
						<u> </u>
		<u> </u>				<del></del>
ective date, if other than neffective date is listed, the date te: If the date inserted in the cument's effective date on the	e must be specific i is block does no	and cannot be prior it meet the appl	or to date of filing icable statutory (	or more than 90 days	optional) after filing.) Pursuant , this date will not	t to 605.020 be listed a
record specifies a dela The 90th day after the			ot an effectiv	re time, at 12:0	01 a.m. on the	earlier o
September 18		2018				
	() (	$\triangle$				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00