

L16000007511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

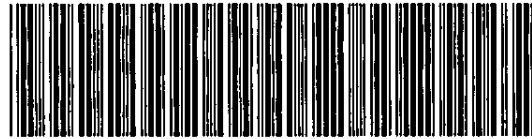
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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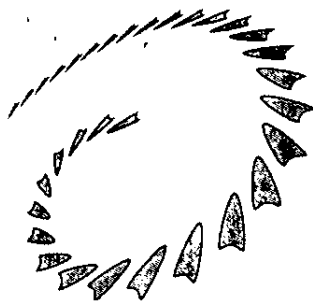


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04/06/16--01004--016 \*\*25.00

FILED  
2016 APR -6 PM 1:42  
STATE OF TEXAS  
DAVIDSON COUNTY

K. SALY  
EXAMINER  
APR -8



# OPTIMUS

## CONSULTING FIRM

March 29, 2016

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Emerald Coast Apothecary, LLC

Dear Sir/Madam:

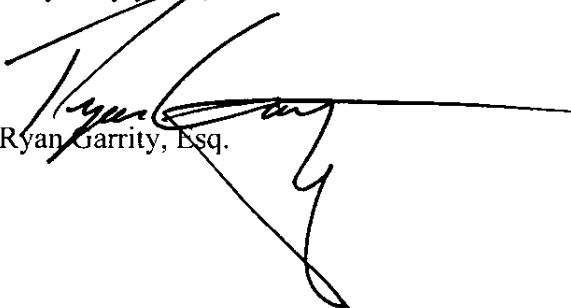
Enclosed please the Cover Letter and Articles of Amendment to Articles of Organization of Emerald Coast Apothecary, LLC adding John Jeremy Adams as AMBR and removing Luke Smith and Cynthia Renee Feliz as AMBRs.

I have enclosed a check in the amount of \$25.00 representing the filing fee for the Form.

Kindly record and send confirmation of the filings at your earliest convenience.

Thank you for your attention to this matter.

Very truly yours,



Ryan Garrity, Esq.

RG/jal  
Enclosure

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Emerald Coast Apothecary, 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:

Ryan Garrity

\_\_\_\_\_  
Name of Person

Optimus Consulting Firm, Inc.

\_\_\_\_\_  
Firm/Company

36474 C Emerald Coast Parkway, Suite 3301

\_\_\_\_\_  
Address

Destin, Florida 32541

\_\_\_\_\_  
City/State and Zip Code

Ryan.Garrity@optimusconsulting.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan Garrity

850 502-2449

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

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

Emerald Coast Apothecary, LLC

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

FILED  
2016 APR -6 PM 1:42  
CLERK OF CIRCUIT COURT  
JANET L. HARRIS

The Articles of Organization for this Limited Liability Company were filed on 01/11/2016 and assigned  
Florida document number L16000007511.

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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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*

\_\_\_\_\_, **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**



**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

206 APR -6 PM 1:42  
MILWAUKEE, WISCONSIN

**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 \_\_\_\_\_, \_\_\_\_\_

representative of a member

Jeremy Adams

Typed or printed name of signee