

L16000038391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

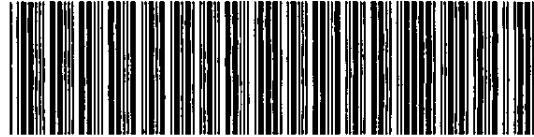
(Business Entity Name)

(Document Number)

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2016 OCT 11 P 5:16
TALLAHASSEE, FLORIDA

D. BRUCE
OCT 12 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GULF COAST SCRIPTS HOLDINGS 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:

JAMES M MURRAY, CPA

Name of Person

JAMES M MURRAY, CPA

Firm/Company

PO BOX 297

Address

CALIFON, NJ 07830

City/State and Zip Code

OFFICE@CPAJMURRAY.COM

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

For further information concerning this matter, please call:

JAMES M MURRAY

Name of Person

908

at ()

Area Code

832-5273

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

FILED
TALLAHASSEE
FLORIDA

2016 OCT 11 P 5 15

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

GULF COAST SCRIPTS HOLDINGS 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 FEBRUARY 24, 2016 and assigned
Florida document number L16000038391.

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

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>
AMBR	MILFORD MANAGED SERVICES LLC	60 BRIDGE STREET	<input type="checkbox"/> Add
		MILFORD, NJ 08848	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PREMIER PHARMACY SOLUTIONS LLC	PO BOX 73	<input checked="" type="checkbox"/> Add
		RIEGELSVILLE, PA 18077	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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 MILFORD, NJ
 08848

ALLIANCE.

[illegible]

2016 OCT 11 P 5:1

姓名: _____
 性别: _____
 年龄: _____
 职业: _____
 住址: _____
 电话: _____
 邮编: _____
 电子邮箱: _____
 其他: _____

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.

Dated OCTOBER 4 2016

Signature of a member or authorized representative of a member

EDWARD SZMIGIEL

Typed or printed name of signee