## L16000062197

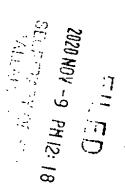
(Requestor's Name)	
(Address)	_
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(City/State/Zip/Phone #)	_
, , , ,	
PICK-UP WAIT MAIL	
(Business Entity Name)	
, ,	
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions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

то:	Registration Se Division of Cor			v	0 -				
		PHARMACY, LLC		•	. <b>16</b>				
SUBJE	Name of Limited Liability Company								
		Amendment and fee(s) are sub	-						
Please r	eturn all correspo	indence concerning this matter	to the following:						
		CHANDA SHAFFER- GI	RIFFITHS						
			Name of Person			•			
		ALL MED PHARMACY,	LLC						
			Firm/Company		<u> </u>	-			
		3361 FAIRLANE FARMS	SRD						
			Address	,	·				
		WELLINGTON FL 3341-	1						
			City/State and Zip Code			•			
		compliance@pharmacyam.	com to be used for future annual	report notific	ation)				
For furtl	her information c	oncerning this matter, please c		1-1					
	DA SHAFFER- O			3-8710					
		f Person	at () Area Code		Telephone Number	<del></del>			
	Name 0	FICISM	Aica Couc	Dayina	reiejawae veanoei				
Enclose	d is a check for th	ne following amount:							
□ \$25	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee of Certified Copy (additional copy is end		Certified	te of Status &			
	Mailing Addres		Street A						
	Registration S	Section		ation Sect					

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

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability	Company we	ere filed on 03/29/201	16	aı	nd assi	gned		
Florida document number L16000062197	·			· '''		5		
This amendment is submitted to amend the following:								
A. If amending name, enter the new name of the lin	nited liabilit	y company here:						
the new name must be distinguishable and contain the words "Li	mited Liability	Company," the designation	on "LLC" or the	e abbreyjat	ion <u>"</u> ".l	C."		
Enter new principal offices address, if applicable:	_	1044 SE PORT ST LU	CIE BLVD	<u> </u>	7020 HOY			
Principal office address MUST BE A STREET ADD	ORESS)	PORT ST LUCIE FL 3	4952	[ ] [ ]		n		
	_				9	,		
Enter new mailing address, if applicable:		1044 SE PORT ST LU	CIE BLVD		PM I2:	U		
Mailing address MAY BE A POST OFFICE BOX)		PORT ST LUCIE FL 3	4952		8			
B. If amending the registered agent and/or register agent and/or the new registered office address here:	:	dress on our records.	, enter the na	ame of th	ie new	regis		
Name of New Registered Agent: Criz								
New Registered Office Address: 1044	1044 SE PORT ST LUCIE BLVD  Enter Florida street address							
POR	ET ST LUCIE		Florida	34952				
		City		Zin	Code			

New Registered Agent's Signature, if changing Registered Agent:

ALL MED PHARMACY, LLC

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 tiled 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

Address 1044 SE Port St. Lucie Blud Type of Action Name | Title MGR Chanda Shaffer-Griffiths for st. Lucie FL 349152 \_ □Remove AMBR Chanda Shaffer-Griffith Port St. Lucie Fl. 34952 ZAdd \_ 🗆 Remove ☐ Change 1052 S Paverline Rd Suite C Deer Reid beach FL 33442 ZRemove \_\_\_\_\_ Change 1052 5 Powerline Rd Scite C Deerfield beach FL 33442 ZRemove \_\_\_\_ Change \_ □.Add Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_(optional) (1) 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 \_ 10/02/ 2020 Signature of a member or authorized representative of a member CHANDA SHAFFER-GRIFFITHS Typed or printed name of signee

Filing Fee: \$25.00