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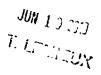
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## **COVER LETTER**

TO:	Registration So Division of Co			
enp i	TAQUECE	HEL PHARMACY LLC		
SUBJ		Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The er	oclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		LEONID SLOBODSKOY	,	
		TAQUECHEL PHARMA	Name of Person CY LLC	
		439 NW 12TH AVENUE	Firm/Company	
		MIAMI , FLORIDA , 331	Address 28	
		INFO@TAQUECHELPHA	City/State and Zip Code ARMACY.COM	<del>-</del>
		E-mail address: (	to be used for future annual report notifi	ication)
For fur	ther information c	oncerning this matter, please co	ail:	
LEON	ID SLOBODSKO		at () 312 399-2008 Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
☑ \$2.	5.00 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

FALED

	CHEL PHARMACY LLC	<u>-2919 HAY 24 ₽ ≥ 33</u>
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our rec Limited Liability Company)	cords.)
		TALLANASSEE A COLUM
The Articles of Organization for this Limited Liability C	company were filed on 06/03/2016	and assigned
Florida document number L16000108285	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR		
F 4 22 11 15 15 15 15 15 15 15 15 15 15 15 15		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<del></del> -
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on our reco	ords, enter the name of the r
registerest agent and of the new registered white add	iess nere.	
Name of Name 1 According		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
	,	FloridaZip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered	1 Agent:	
I hereby accept the appointment as registered agent (	and agree to act in this canacity. I	further agree to comply with i
provisions of all statutes relative to the proper and co	omplete performance of my duties,	, and I am familiar with and
accept the obligations of my position as registered as	zent as provided for in Chapter 60	05, F.S. Or, if this document is
being filed to merely reflect a change in the registere	d office address, I hereby confirm	that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>	Name	Address	Type of Action
MGRM	URIN, DMITRY	3401 AVE H NEW YORK, NY 11210	
			□ Remove
	ORIN, DMITRY	2401.43/5.11	
MGRM	OKIN, DMITK1	3401 AVE H NEW YORK, NY 11210	
		·	Remove
		<del></del>	Change
			Remove
			Change
			Add
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			D Add
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			Change
			D Add
			Remove
			☐ Change

	······································
	<del></del>
<u>I</u>	Effective date, if other than the date of filing:
	ie record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o The 90th day after the record is filed.
I	Dated 14th 2019
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00