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то:	Registration Se Division of Cor		•	
cup		AVELLE'S PHARMACY LLC		
SUB	JECT:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub-	-	
		KEVIN BRADY		
			Name of Person	
		OLIVIA LAVELLE PHAI	RMACIES LLC	
			Firm/Company	
8297 CHAMPIONS GATE BLVD, SUITE 317				
			Address	 .
		CHAMPIONS GATE, FL	33896	
			City/State and Zip Code	·
		KEVIN@LIFESTYLEBRO		
		E-mail address: (to be used for future annual report notif	ication)
For fi	urther information c	oncerning this matter, please ca	all:	
PAN	ECCLESTON		407 530 0124	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclo	osed is a check for th	e following amount:		
≘ \$	325.00 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

OLIVIA LAVELLE'S PHARMACY LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C Plorida document number 116000126268	Company were filed on 07/01/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
OLIVIA LAVELLE PHARMACIES LLC		₩
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		ف (<u> </u>
Principal office address MUST BE A STREET ADDR	RESS)	
		- 3 S F
		A C
Inter new mailing address, if applicable:		5
Mailing address MAY BE A POST OFFICE BOX)		မ
valing mares, in 11 DE 11 OF OF THEE BONY		
3. If amending the registered agent and/or regis egistered agent and/or the new registered office add	_	nter the name of the o
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	la.
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the date must be	JANUAR tte of filing:	Y 23RD 2019	(op/	tional)
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Fiting Fee: \$25.00