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2017 MAY -3 PH 12: 27
SECRETARY OF STATE

K. SALY MAY -5 2017

COVER LETTER

TO:	Registration Se Division of Cor			
aun.		IE PHARMACY LLC		
SUBJ.	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Linda Yun		
Coastline Pharmacy Holdings LLC Firm/Company 2107 S US Highway I Address Jupiter, FL 33477 City/State and Zip Code Ichan@coastlinerx.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Linda Yun 866 758-1957				
	Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. see return all correspondence concerning this matter to the following: Linda Yun Name of Person Coastline Pharmacy Holdings LLC Firm/Company 2107 S US Highway I Address Jupiter, FL 33477 City/State and Zip Code Ichan@coastlinerx.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: la Yun 866 758-1957 at (
			Firm/Company	ed for filing. ne following: Name of Person LLC Firm/Company Address ity/State and Zip Code used for future annual report notification) 866 758-1957 at ()
		2107 S US Highway I		ation)
			Address	
		Jupiter, FL 33477		
			City/State and Zip Code	
		-		
		E-mail address: (to be used for future annual report notifi	cation)
For fur	rther information co	oncerning this matter, please ca	all:	
Linda	Yun		at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
\$2	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 ARTICLES OF ORGANIZATION OF

FILED 2017 MAY = 3 PM PZ: 27

COASTLINE PHARMACY 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 July 27, 2016 and assigned Florida document number L16000141341 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 "L.C." or the abbreviation "L.L.C." 2107 S US Highway 1 Enter new principal offices address, if applicable: Jupiter, FL 33477 (Principal office address MUST BE A STREET ADDRESS) 2107 S US Highway 1 Enter new mailing address, if applicable: Jupiter, FL 33477 (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: Ramona Devi Hahn Name of New Registered Agent: 2107 S US Highway 1 New Registered Office Address: Enter Florida street address Florida 33477
Zip Code Jupiter

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.

City

nging 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>	Name	Address	Type of Action
AMBR	Coastline Pharmacy Holdings LLC		
			Remove
		2107 S US Highway 1 Jupiter, FL 33477	Change
MGR	Ramona Devi Hahn	2107 S US Highway 1 Jupiter, FL 33477	■ Add
			Remove
			Change
			Add
			□ Remove
			Change
			ACHAY OF STEEL, FL
			Clarge STAIL ORIDE Add
			☐ Remove
			Change
			Add
			Remove
			☐ Change

Effective date, if other than the date of filing: February 13, 2017 (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	3, 2017 (optional) f filing or more than 90 days after filing.) Pursuant to 605.0207 utory filing requirements, this date will not be listed as	Effective date, if other than the date of filing: February 13, 2017 (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as							_
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Typed or printed name of signee

Filing Fee: \$25.00