

116000141341

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(City/State/Zip/Phone #)

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2017 MAY -3 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

MAY -5 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** COASTLINE PHARMACY 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:

Linda Yun

\_\_\_\_\_  
Name of Person

Coastline Pharmacy Holdings LLC

\_\_\_\_\_  
Firm/Company

2107 S US Highway 1

\_\_\_\_\_  
Address

Jupiter, FL 33477

\_\_\_\_\_  
City/State and Zip Code

lchan@coastlinrx.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

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
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

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

COASTLINE PHARMACY LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
**2017 MAY -3 PM 12:27**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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 "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

2107 S US Highway 1

Jupiter, FL 33477

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2107 S US Highway 1

Jupiter, FL 33477

**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:

Ramona Devi Hahn

New Registered Office Address:

2107 S US Highway 1

*Enter Florida street address*

Jupiter

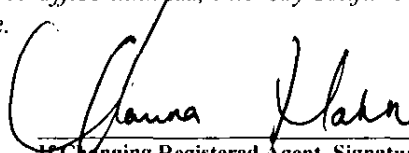
*City*

, Florida 33477

*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	Coastline Pharmacy Holdings LLC		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		2107 S US Highway 1 Jupiter, FL 33477	<input checked="" type="checkbox"/> Change
MGR	Ramona Devi Hahn	2107 S US Highway 1 Jupiter, FL 33477	<input checked="" type="checkbox"/> Add
			<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"/> Remove
			<input type="checkbox"/> Change

FILED  
 2017 MAY 19 PM 2:27  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2017 MAY 23 PM 12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 MAY +3 PM 12:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


FILED

(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 (3)(b)

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 April 25, 2017

 \_\_\_\_\_  
Signature

Signature of a member or authorized representative of a member

Linda Chan Yun

Typed or printed name of signee