

46000141341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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K. HUNT

6/6/24

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 05/01/2024  
Acc#I20160000072

*en: c DW*

Name:	Coastline Pharmacy, LLC
Document #:	
Order #:	15527112

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Amount: \$ 55.00
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Thank you!

**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)

The Articles of Organization for this Limited Liability Company were filed on 07/27/2016 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)

Enter new mailing address, if applicable:

(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:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

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, 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>
MGR	Jay Picklesimer	2107 S US Highway 1	<input type="checkbox"/> Add
		Jupiter, FL 33477	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Coastline Pharmacy Holdings LLC	2107 S US Highway 1	<input checked="" type="checkbox"/> Add
		Jupiter, FL 33477	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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STATE OF FLORIDA  
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JAN 9:07 AM

AM 9:07  
-1  
OFFICE OF STATE  
ATTORNEY, FL

AM 9:07  
-1  
OFFICE OF STATE  
ASSET FL

(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 30 April 2024

- DocuSigned by:

Mel Badway

~~6673A25740AC4AC..~~

Signature of a member or authorized representative of a member

Me1 Badway

Typed or printed name of signee

E1.055 - 12/16/2021 Wolters Kluwer Online