16000159333

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COVER LETTER

	Registration Se Division of Cor		··	•
SUBJEC	TU FARMA	ACIA LLC		
30031.0		Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		LILLIAN SARDINAS		
			Name of Person	
		SARDINAS & ASSOCIA	TES ACCOUNTANTS, P.A.	
			Firm/Company	
		13002 SW 120TH ST		
			Address	
		MIAMI, FL 33186		
			City/State and Zip Code	
		SARDINASLILLIAN@GM		
		E-mail address: ()	to be used for future annual report notifi	ication)
For furthe	er information co	oncerning this matter, please ca	all:	
LILLIAN	SARDINAS		305 298-8781	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
■ \$25.0	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 S		Street Address: Registration Sec	tion

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TU FARMACIA LLC

company has been notified in writing of this change.

(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 Lie	ability Company	were filed on 08/25/2016	and assigned	
Florida document number L16000159333				
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
FABRICA TU MEDICAMENTO LLC				
The new name must be distinguishable and contain the we	ords "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	ıble:	8400 NW 36TH ST, SUITE 450		
(Principal office address MUST BE A STREET ADDRESS)		DORAL, FL 33166		
Enter new mailing address, if applicable:		8400 NW 36TH ST, SUITE 450		
(Muiling address MAY BE A POST OFFICE I	3 <i>0X</i>)	DORAL, FL 33166		
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	s here:			
•	Name of New Registered Agent: SARDINAS & ASSOCIATE 13002 SW 120TH ST	TH ST		
New Registered Office Address:	13002 311 1201	Enter Florida street a	ddress	
	MIAMI		, Florida 33186 Zip Code	
		Cîţy	Zip Code	
New Registered Agent's Signature, if changing R	egistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r	er and complete tered agent as p	performance of my dutie provided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is	

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>	Type of Action
MGR	LUIS SIERRAALTA	8400 NW 36TH ST, SUITE 450	□Add
		DORAL, FL 33166	□Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
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ffective	e date, if other than	the date of filir	ng: JULY	18, 2022	(optional)	
an effec	tive date is listed, the dat the date inserted in th	e must be specific ar	id cannot be pric	or to date of filing of	or more than 90 days	after filing.) Pursu	
	nt's effective date on t						
			0.5				
record : I is filed	specifies a delayed eft f.	ective date, but no	of an effective	time, at 12:01 a.	m, on the earlier (of: (b) The 90th	day after t
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ated _	JULY 18	\mathcal{A}	. 2022	·			
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		1 V.1					

Filing Fee: \$25.00

Typed or printed name of signee