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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2021 OCT 28 AM 5:02

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Health Matters 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:

Vondalyn Wright

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

Health Matters Pharmacy LLC

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

1702 N 50th Street

\_\_\_\_\_  
Address

Tampa Florida, 33619

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

healthmatterspharmacy@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vondalyn Wright

813

800-6337

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 Address:**

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

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

Health Matters 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 10/1/2016 and assigned  
Florida document number L16000181716.

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 "LLC."

**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>
P	Vondalyn Wright		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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RECEIVED  
2006 OCT 28  
11:51 AM  
FBI - WFO  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 10-28-2006 BY 60322

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

please update operating agreement to reflect married name. I have attached marriage certificate

2021 OCT 28 PM 3:30  
STATE OF FLORIDA  
CLERK OF THE COURT

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 10 \_\_\_\_\_, 2021

*Vondalyn Wright*

Signature of a member or authorized representative of a member

Vondalyn Wright

Typed or printed name of signee

**Filing Fee: \$25.00**

Department of Health • Office of Vital Statistics

STATE OF FLORIDA  
MARRIAGE RECORD

TYPE IN UPPER CASE

USE BLACK INK

This license not valid unless seal of Clerk  
Circuit or County Court appears thereon

(STATE FILE NUMBER)

IIISTR# 2019513525

L BK 756 PG 565

RECORDED: 12-02-2019 at 03:04 PM

Pat Frank Clerk of the Circuit Court

Hillsborough County

Deputy Clerk: MEBELING

2019 ML 4327070

(APPLICATION NUMBER)

APPLICATION TO MARRY

1 NAME OF SPOUSE (First Middle Last) MARLON JERRON WRIGHT		15 MAIDEN SURNAME (if applicable)		2 DATE OF BIRTH (Month Day Year) 11/27/1972	
3a RESIDENCE - CITY TOWN OR LOCATION DOVER		3b COUNTY HILLSBOROUGH		3c STATE FLORIDA	
4 NAME OF SPOUSE (First Middle Last) VONDALYN DENICE CRAWFORD		15 MAIDEN SURNAME (if applicable)		5 DATE OF BIRTH (Month Day Year) 06/25/1978	
7a RESIDENCE - CITY TOWN OR LOCATION DOVER		7b COUNTY HILLSBOROUGH		7c STATE FLORIDA	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE EACH FOR HIMSELF OR HERSELF STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZ THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY

9 SIGNATURE OF SPOUSE (Sign full name using black ink) <i>Marlon Wright</i>		10 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 11/05/2019	
11 TITLE OF OFFICIAL DEPUTY CLERK, SHAQUILLA LEWIS CHRISTIAN		12 SIGNATURE OF OFFICIAL (Use black ink) <i>Shaquilla Lewis Christian</i>	
13 SIGNATURE OF SPOUSE (Sign full name using black ink) <i>Vondalyn Crawford</i>		14 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 11/05/2019	
15 TITLE OF OFFICIAL DEPUTY CLERK, SHAQUILLA LEWIS CHRISTIAN		16 SIGNATURE OF OFFICIAL (Use black ink) <i>Shaquilla Lewis Christian</i>	

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLENNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17 COUNTY ISSUING LICENSE HILLSBOROUGH		18 DATE LICENSE ISSUED 11/05/2019		18a DATE LICENSE EFFECTIVE 11/08/2019		19 EXPIRATION DATE 01/07/2020	
20a SIGNATURE OF COURT CLERK OR JUDGE <i>Pat Frank</i>				20b TITLE COUNTY JUDGE/CLERK		20c BY D/C SC	

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21 DATE OF MARRIAGE (Month Day Year) 12/02/2019		22 CITY TOWN OR LOCATION OF MARRIAGE TAMPA FL	
23a SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Maria Dancy Ebeling</i>		23c ADDRESS (of person performing ceremony) 419 PIERCE ST	
23b NAME AND TITLE OF PERSON PERFORMING CEREMONY MARIA DANCY EBELING JC		24 SIGNATURE OF WITNESS TO CEREMONY (Use black ink)	
		25 SIGNATURE OF WITNESS TO CEREMONY (Use black ink)	

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY, NOT TO BE RECORDED

STATE OF FLORIDA )  
COUNTY OF HILLSBOROUGH

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE IN MY OFFICE. WITNESS MY HAND AND OFFICIAL SEAL THIS 12 DAY OF DECEMBER 2019



PAT FRANK  
CLERK OF CIRCUIT COURT  
BY *Pat Frank* D/C