

L16 000223080

Florida Department of State
Division of Corporations
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2016 OCT -5 AM 8:17

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MARCO ISLAND PHARMACY #2, LLC.

Certificate of Status	0
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Page Count	04
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T. CLINE

OCT - 8 2018

EXAMINER

2016 OCT -5 PM 4:57

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Marco Island Pharmacy #2, 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 12/09/2016 and assigned Florida document number 116000223080.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Marco Island Pharmacy 2 LLC

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:

remains unchanged

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

remains unchanged

(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:

remains unchanged

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.

(N/A)

If Changing Registered Agent, Signature of New Registered Agent

L16 000 22 3080

n/a

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

n/a (not amending any authorized persons)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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