

L17000011364

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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17 MAY - 1 AM 7:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 0 , 2025

J SHIVERS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

DANRX, 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:**

STAN BERLA

Name of Person

STAN BERLA PA

Firm/Company

6801 LAKE WORTH RD STE 104

Address

GREENCRES, FL 33467

City/State and Zip Code

YANARX@YAHOO.COM

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

**For further information concerning this matter, please call:**

STAN BERLA

561 9688571

at ( )

9688571

Daytime Telephone Number

Name of Person

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**

DANRX,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 1/13/17 and assigned  
Florida document number L17000011364.

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	DANIEL MAZUROVSKIY	9481 MCANEENY CT	<input type="checkbox"/> Add
		WELLINGTON FL 33414	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	IGOR MAZUROVSKIY	9481 MCANEENY CT	<input type="checkbox"/> Add
		WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AUTH M	ALEXANDER MAZUROVSKY	346 AMBER ST	<input checked="" type="checkbox"/> Add
		STATEN ISLAND, NY 10306	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AUTH M	YEVGENIYA MAZUROVSKY	346 AMBER ST	<input checked="" type="checkbox"/> Add
		STATEN ISLAND NY 10306	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input 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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MY BEST PHARMACY

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STAN BERLA CPA

MY BEST PHARMACY

0003

D. If amending any of the information, enter change(s) here (Attach additional sheets, if necessary.)

Blank lines for amending information.

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

Of an effective date is entered, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 603.0207 (b)(1) of the Illinois Compiled Statutes (603.0207 (b)(1)), if the date entered in this block does not meet the applicable statutory filing requirements, this date will not be filed 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 APRIL 26 2017

Signature of \_\_\_\_\_

ALEXANDER MAZUROVSKY

Typed or printed name of signer

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Filing Fee \$25.00

SECRETARY OF STATE  
TALAMON  
JUL 1 2017

17 MAY - 1 AM 2017

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