

L17000080358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

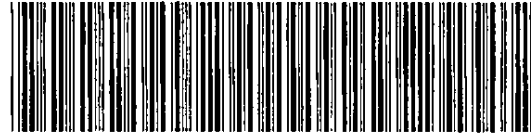
Special Instructions to Filing Officer.

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2017 JUN 19 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06/20/17--01009--004 **25.00

FILED
2017 JUN 19 PM 12:56
TALLAHASSEE, FLORIDA

S. WARREN

JUN 21 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PHARMATEK INDUSTRIAL SUPPLY LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Abel Canizares

Name of Person

PHARMATEK INDUSTRIAL SUPPLY LLC

Firm/Company

8415 SW 107th Ave Apt 263W

Address

Miami FL 33173

City/State and Zip Code

abeleg301275@a hotmail.com

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

For further information concerning this matter, please call:

Abel Canizares

786

532-6037

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Chilton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

PHARMATEK INDUSTRIAL SUPPLY 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 04/10/2017 and assigned
Florida document number LI7000080358.

This amendment is submitted to amend the following:

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

PHARMATEK INDUSTRIAL SUPPLY 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:

8415 SW 107th Ave Apt 263W

(Principal office address MUST BE A STREET ADDRESS)

Miami FL 33173

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:

Abel Canizares

New Registered Office Address:

8415 SW 107th Ave Apt 263W

Enter Florida street address

Miami

Florida

33173

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

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JUN 19 PM 2:56
CLERK OF THE
SOLICITOR GENERAL
STATE OF FLORIDA

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	ABEL CANIZARES	8415 SW 107th Ave Apt 263W	<input checked="" type="checkbox"/> Add
		Miami FL 33173	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Anai Alva	8415 SW 107th Ave Apt 263W	<input checked="" type="checkbox"/> Add
		Miami FL 33173	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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17 JUN 19 PM 12:56
CLERK OF DISTRICT COURT
JULIA GARCIA, CLERK
TALLAHASSEE, FLORIDA

[illegible]

06/14/2017

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.

Dated

06 | 14 | ~~2017~~

Abel Canizares

Signature of a member or authorized representative of a member

Typed or printed name of signee

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17 JUN 19 PM 12:56
SHERIFF'S OFFICE
TALLAHASSEE, FLORIDA