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TO: Registration Se Division of Cor				
SUBJECT:	JAY'S PHARTS Name of Lim	DACY OF MADESON ited Liability Company	N LLC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Jigisha Patel		
	Jay's P	Hormacy of Mad Firm/Company Mariana Daki Address	100 LLC	
	3371	Mariana Oaki	Drive 5	
	Tal	lahassel, fl- City/State and Zip Code Taysivi Pharmas E to be used for future annual report notifi	Drive 3131) #10: #	100
	E-mail address: (Jay Sivi Pharmacy & to be used for future annual report notification	gmail-com == ==	
For further information c	concerning this matter, please of			
Jigi. Name o	SLQ PARLI of Person	at (352) 255 c Area Code Daytime	3461 e Telephone Number	
Enclosed is a check for the	he 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 tadditional copy is enclosed)	
MAII	ING ADDRESS:	STREET/COURT	FR ADDRESS:	

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jay's Pharmac	of Mas	ison Le	· ·		
(Name of the Limited Liability Con (A Florida Jimit	n <mark>ôany as it now 200e</mark> ed Liability Company	<u>ars on our records</u>	<u></u> 1		
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 17 0001 70 243</u> .	my were filed on _	08/09/2	2017	and ass	signed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	iability company l	<u>iere</u> :			
The new name must be distinguishable and contain the words "Limited Li	iability Company," the	designation "LLC"	or the abbrev	iation "L	.L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>				
			 :	20	
			-5:	VH 61	
Enter new mailing address, if applicable:			116.	ΛY	- 1
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(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>	
				_ _	
B. If amending the registered agent and/or registered	Loffice address (m our records	. enter thè	4-	of the new
registered agent and/or the new registered office address I		our records	t chier the	Hume	or the new
Name of New Registered Agent:					
New Registered Office Address:					
	Enter F	forida street address	y.		
		. Flo	orida		
	City	,		Zip Code	
New Registered Agent's Signature, if changing Registered Age	ent:				

Thereby 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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Harix Patel	650 ROB ROJ DV Clermont, FL - 34711	_Æ Add
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(If an effective date Note: If the date	if other than the objective date on the Dep	be specific and ck does not n	l cannot be prior neet the applica	to date of filing able statutory (or more than 90 d iling requireme	_ (option: lays after fili ents, this do	ng.) Pursu	ant to 6 ot be li	05,0207 (3) isted as the
the record spe) The 90th da	ecifies a delayed By after the reco	effective d rd is filed.	late, but no	t an effectiv	ve time, at 1	2:01 a.n	n. on th	e ear	lier of:
Dated	9715		2017						
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