L17000180960

(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:

Office Use Only

100303308301

100303308301
09/06/17--01022--017 **25.00

9/7/17

FILED
17 SEP -6 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC. Name change from

COATS PHARMACY LLC.

to

ZEPHYR HILLS Pharmacy LLC.

my cell. 813-220-6863.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Coats 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:

Bhagavan Gottipati
Name of Person

Coats Pharmacy LLC
Firm/Company

36600 state road 54
Address

Zephyrhills FL 33541
City/State and Zip Code

zephyrhillsrx@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bhagavan Gottipati at (814) 3746454
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Coats 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 08/23/2017 and assigned Florida document number L17000180460.

This amendment is submitted to amend the following:

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

Zephyrhills Pharmacy 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:

(Principal office address MUST BE A STREET ADDRESS)

FILED
17 SEP -6 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	**<u>Name</u>**	**<u>Address</u>**	**<u>Type of Action</u>**
______	______________	______________________	☐ Add
		______________________	☐ Remove
		______________________	☐ Change
______	______________	______________________	☐ Add
		______________________	☐ Remove
		______________________	☐ Change
______	______________	______________________	☐ Add
		______________________	☐ Remove
		______________________	☐ Change
______	______________	______________________	☐ Add
		______________________	☐ Remove
		______________________	☐ Change
______	______________	______________________	☐ Add
		______________________	☐ Remove
		______________________	☐ Change
______	______________	______________________	☐ Add
		______________________	☐ Remove
		______________________	☐ Change

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

FILED
17 SEP -6 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 August 30th 2017

Signature of a member or authorized representative of a member

Bhagavan Gottipati

Typed or printed name of signee

Filing Fee: $25.00