

L17000180460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

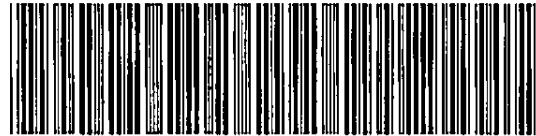
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Handwritten signature and date 9/7/17

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

Mr. 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

814 3746454
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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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 August 30th 2017

Ben Stuyck

Signature of a member or authorized representative of a member

Bhagavan Gottipati

Typed or printed name of signee