

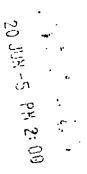
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations			
All Family	Pharmacy LLC			
SUBJECT:	Name of Limi	ted Liability Company	<del></del>	2
				er en
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		30
Please return all correspo	ondence concerning this matter	to the following:		, C,
	Michele Kuenzler			50.2 kg 2.00
		Name of Person		
	All Family Pharmacy LLC	;		
		Firm/Company		
	10585 Mendocino Lane			
		Address		
	Boca Raton, FL 33428			
	<del>-</del>	City/State and Zip Code		
	bobs@mbcii.com	o be used for future annual report	notificanti and	
For further information a	concerning this matter, please or		morneacon)	
	which maker, prease co		22	
Bob Schuijt	of Person	561 723-896 at () Area Code Da	stime Telephone Number	
:Name (	u rerson	Area Code Da	ytime 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 (additional copy is enclosed)	
<u>Mailing Addres</u> Registration ! Division of C	Section Torporations		Section Corporations	
P.O. Box 632	27	The Centre of	of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

Al	RTICLES OF	AMENDMENT	•	
	_	Ю		
AR	TICLES OF (	ORGANIZATIO	N	5° 4.
	(	)F		Vin .
All Family Pharmacy LLC				ر برد
( <u>Name of the Lin</u>	mited Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our records.)	and assigned
The Articles of Organization for this Limited	Liability Company	v were filed on Octobe	er 17, 2017	and assigned
Florida document number L17000214567				and an grea
forida document number	· · · · · · · · · · · · · · · · · · ·			
This amendment is submitted to amend the fo	ollowing:			
	•			
A. If amending name, <u>enter the new name</u>	of the limited lial	bility company here:		
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the design	ation "LLC" or the abi	previation "L.L.C."
Enter new principal offices address, if appl	licable:			
(Principal office address MUST BE A STRE	<u>EET ADDRESS)</u>			
Enter new mailing address, if applicable:		10585 Mendocino I	Lane	
••		Boca Raton, FL 33	428	
Mailing address MAY BE A POST OFFICE	<u>E BOX)</u>		420	<del></del>
			<del></del> -	
B. If amending the registered agent and/or		address on our record	ds, <u>enter the name</u>	of the new registered
agent and/or the new registered office addr	<u>ress here</u> :			
Name of New Registered Agent:	Michele Kuen	nzler		
	10595 Manda	noine Lone		
New Registered Office Address:	10585 Mendo			
		Enter Florida st	reet address	
	Boca Raton		. Florida <sup>334</sup>	28

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 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>	Address	Type of Action
AMBR	Michele Kuenzler	10585 Mendocino Lane	<b>≣</b> Add
		Boca Raton, FL 33428	□Remove
MGR	MGR GUIRGUIS, FAKHER F	3350 NW 2ND AVENUE SUITE A-34	□Add
		Boca Raton, FL 33431	<b>≡</b> Remove
			☐ Change
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ffective date, if other than the an effective date is listed, the date in ote: If the date inserted in this becument's effective date on the listense.	block does not meet the	applicable statutory	or more than 90 days after filing requirements, thi	o <b>nal)</b> filing.) Pursuant to 605.020 s date will not be listed a
record specifies a delayed effecti is filed.	ve date, but not an effec	rtive time, at 12:01 a	.m. on the earlier of: (b	) The 90th day after the
June 3 ated	2020			
Λ	·			
Michele	-Suend	eu	rie a afa manha	
Michele Kuenzier	Signature of a member of	or authorized representa	tive of a member	

Filing Fee: \$25.00



### ARTICLES OF AMENDMENT

20 JUE -5 PH 2:01

### **OF**

#### ALL FAMILY PHARMACY, LLC

Pursuant to the provisions of the Florida Limited Liability Company Act, this company adopts the following articles of amendment to its articles of organization. The date of the filing of the Articles of Organization was October 17, 2017 and assigned document number L17000214567.

FIRST:	Amendment adopted: CHANGE OF ARTICLE V
	The registered agent of this corporation shall be:

Michele Kuenzler 10585 Mendocino Lane Boca Raton, FL 33428

SECOND: Amendment adopted: CHANGE OF ARTICLE IX The Company shall be managed by:

Operating Manager: Michele Kuenzler

Secretary: Michele Kuenzler

THIRD: This amendment shall be effective from 3rd day of June, 2020.

The resting Articles shall remain unaltered.

FOURTH: The Members approved the amendment adopted. The number

of votes cast for this amendment were sufficient for approval and

members action was not required.

Signed this 3rd day of June, 2020.

Michele Kuenzler – Operating Manager

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

HAVING BEEN NAMED AS THE REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signed this 3rd day of June, 2020,

Michele Kuenzler

Michele Kuenzler OPERATING MANAGER