

L17000 214367

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06/05/20--01020--022 **55.00

20 JUN -5 PM 2:00

JUN 23 2020
0 12:00:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Family 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:

Michele Kuenzler

Name of Person

All Family Pharmacy LLC

Firm/Company

10585 Mendocino Lane

Address

Boca Raton, FL 33428

City/State and Zip Code

bobs@mbciii.com

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

For further information concerning this matter, please call:

Bob Schuijt

561

723-8962

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

20 JUL 15 14:23:00

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

All Family 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 October 17, 2017 and assigned
Florida document number L17000214567.

This amendment is submitted to amend the following:

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

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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

10585 Mendocino Lane

Boca Raton, FL 33428

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:

Michele Kuenzler

New Registered Office Address:

10585 Mendocino Lane

Enter Florida street address

Boca Raton

Florida 33428

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, 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>
AMBR	Michele Kuenzler	10585 Mendocino Lane	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33428	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GUIRGUIS, FAKHER F	3350 NW 2ND AVENUE SUITE A-34	<input type="checkbox"/> Add
		Boca Raton, FL 33431	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

Michele Guemler
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

ARTICLES OF AMENDMENT

20 JUN -5 PM 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 VI
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

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

Signature of Registered Agent

Michele Kuenzler
OPERATING MANAGER

