

L17000243992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2018 SEP 24 PM 6:01

18 SEP 24 PM 12:43

SECTION OF
DIVISION OF REGISTRATION

N. COOPER

SEP 27 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Captiva Pharmacy Holdings, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donna Brasch

Name of Person

Captiva Pharmacy Holdings, LLC

Firm/Company

5855 Placida Road Ste 300

Address

Englewood, FL 34224

City/State and Zip Code

info@placidarx.com

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

For further information concerning this matter, please call:

Donna Brasch

941

539-8121

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

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

Captiva Pharmacy Holdings, 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 11/28/2017 and assigned
Florida document number L17000243992.

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)

18 SEP 24 PM 12:44
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

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, 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	Donna Brasch	5794 Van Camp Street North Port FL 34291	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

18 SEP 24 PM 12:43

SECRETARY OF STATE
DIVISION OF INFORMATION
18 SEP 24 PM 12:43

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.

(b) The 90th day after the record is filed.

Dated September 18 2018

Signature of a member or authorized representative of a member

Edward Szmigiel

Typed or printed name of signee

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L17000243992
FILED 8:00 AM
November 28, 2017
Sec. Of State
cmwood

Article I

The name of the Limited Liability Company is:
CAPTIVA PHARMACY HOLDINGS LLC

Article II

The street address of the principal office of the Limited Liability Company is:
5855 PLACIDA RD
ENGLEWOOD, FL. US 34224

The mailing address of the Limited Liability Company is:
5855 PLACIDA RD
ENGLEWOOD, FL. US 34224

Article III

The name and Florida street address of the registered agent is:
EDWARD SZMIGIEL
112 DIXIE WAY
ROTONDA WEST, FL. 33947

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Registered Agent Signature: EDWARD SZMIGIEL

Article IV

The name and address of person(s) authorized to manage LLC:

Title: AMBR
PHARMACY MANAGEMENT HOLDINGS LLC
3222 NE 166TH ST
NORTH MIAMI BEACH, FL. 33160 US

Title: MGR
EDWARD SZMIGIEL
112 DIXIE WAY
ROTONDA WEST, FL. 33947 US

L17000243992
FILED 8:00 AM
November 28, 2017
Sec. Of State
cmwood

Signature of member or an authorized representative

Electronic Signature: EDWARD SZMIGIEL

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.