

L17000243992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

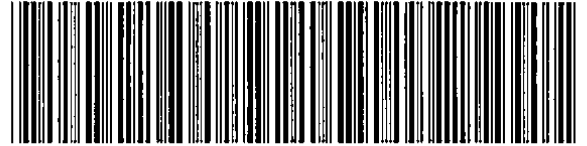
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/14/19--01015--011 \*\*60.00

FILED  
2019 SEP 16 PM 3:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Y SULKER

SEP 10 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 19, 2019

CAPTIVA PHARMACY HOLDINGS, LLC  
5855 PLACIDA RD STE 300  
ENGLEWOOD, FL 34224

SUBJECT: PLACIDA RX, LLC  
Ref. Number: L17000245625

We have received your document for PLACIDA RX, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE BUSINESS NAME AND DOCUMENT NUMBER NEEDS TO MATCH.  
L17000245625 belongs to PLACIDA RX, LLC

*see attached*

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 319A00017111

*8/27/19*

*see updated  
forms attached*

RECEIVED

2019 SEP -6 AM 11:01

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Captiva Pharmacy Holdings, 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:

Donna Brasch

\_\_\_\_\_  
Name of Person

Captiva Pharmacy Holdings, LLC

\_\_\_\_\_  
Firm/Company

5855 Placida Road Suite 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)**

**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:

Nicholas Petty

New Registered Office Address:

5081 Winter Rose Way

Enter Florida street address

Venice, FL

City

34293

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	PHARMACY MANAGEMENT HOLDINGS LLC	3222 NE 166TH ST	<input type="checkbox"/> Add
		N MIAMI BEACH, FL, 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EDWARD SZMIGIEL	112 DIXIE WAY	<input type="checkbox"/> Add
		ROTONDA WEST, FL 33947	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WEN WILSON	5388 ELISEO ST	<input type="checkbox"/> Add
		SARASOTA, FL 34238	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Nicholas Petty	5081 Winter Rose Way	<input checked="" type="checkbox"/> Add
		Venice, FL 34293	<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
			<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.

Donna Brazile

Typed or printed name of signee