

L18000005410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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700309477447

03/02/18--01014--018 \*\*52.50

03/20/18--01033--005 \*\*7.50

FILED  
18 MAR 20 PM 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SIMMONS  
MAR 20 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 6, 2018

JANE THAI  
7780 49TH ST N  
#246  
PINELLAS PARK, FL 33781

SUBJECT: 727PHARMATEA, LLC  
Ref. Number: L18000005410

We have received your document for 727PHARMATEA, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$7.50. ✓

The form you submitted is for a Corporation, but your entity is a Florida LLC. Please complete and return the enclosed blank form(s). ✓

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist II

Letter Number: 118A00004478

THANK  
you,  
OCTAVIA!  
→ [Signature]

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 727 PHARMATEA, 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:

JANE KIM THAI

Name of Person

727 PHARMATEA, LLC

Firm/Company

7780 49TH ST. N. #246

Address

PINELLAS PARK, FL 33781

City/State and Zip Code

727PHARMATEA@GMAIL.COM

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

For further information concerning this matter, please call:

JANE KIM THAI

Name of Person

at (727) 755-1850

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$ 7<sup>50</sup> PER LETTER

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

727 PHARMA TEA, 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 1/10/2018 and assigned Florida document number L18000005410.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

**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:

N/A

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.*

N/A  
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>                      |
|--------------|---------------|------------------------------|--|
| MGR          | CATHY H THAI  | 406.3 70 <sup>TH</sup> TER N | <input type="checkbox"/> Add               |
|              |               | PINELLAS PARK, FL            | <input checked="" type="checkbox"/> Remove |
|              |               | 33781                        | <input type="checkbox"/> Change            |
| AMBR         | DAVID THAI JR | 406.3 70 <sup>TH</sup> TER N | <input type="checkbox"/> Add               |
|              |               | PINELLAS PARK, FL            | <input checked="" type="checkbox"/> Remove |
|              |               | 33781                        | <input type="checkbox"/> Change            |
| MGR          | JANE KIM THAI | CHANGE TO AMBR               | <input type="checkbox"/> Add               |
|              |               | 7780 49TH ST N #246          | <input type="checkbox"/> Remove            |
|              |               | PINELLAS PARK, FL            | <input type="checkbox"/> Change            |
|              |               | 33781                        | <input type="checkbox"/> Change            |
|              | N/A           |                              | <input type="checkbox"/> Add               |
|              |               |                              | <input type="checkbox"/> Remove            |
|              |               |                              | <input type="checkbox"/> Change            |
|              | N/A           |                              | <input type="checkbox"/> Add               |
|              |               |                              | <input type="checkbox"/> Remove            |
|              |               |                              | <input type="checkbox"/> Change            |
|              | N/A           |                              | <input type="checkbox"/> Add               |
|              |               |                              | <input type="checkbox"/> Remove            |
|              |               |                              | <input type="checkbox"/> Change            |

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

N/A

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MAR 20 PM 4:11  
SECTION OF CIVIL  
CLERK OF COURT  
TALLAHASSEE, FLORIDA  
18

**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.

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.

Dated \_\_\_\_\_, \_\_\_\_\_



JANE Kim THAI

Typed or printed name of signee