## 11800031119

(Requestor's Name)	
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## **COVER LETTER**

TO: Registration Se Division of Cor		14-	
	TH DRUG STORE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	_	
	JEROME SALEM		
		Name of Person	
		Firm/Company	
	620 N SHORE DRIVE		
		Address	
	MIAMI BEACH, FL 3314	11	
		City/State and Zip Code	
	jeromesalem@gmail.com		
		to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
JEROME SALEM		305 336-0666 at ( )	
Name o	f Person	Area Code Daytime	: 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)

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

US HEALTH DRUG STORE LL						
(Name of the Lin	ited Liability Co (A Florida Limi	mpany as it now appears ted Liability Company)	on our records.)	_		
The Articles of Organization for this Limited lorida document number L18000031119	Liability Compa	any were filed on 2/6	2018	aur	ıd assi	gned
This amendment is submitted to amend the fo	llowing:					
A. If amending name, enter the new name	of the limited l	iability company he	re:			
US HEALTH DRUGSTORE LLC	_					
he new name must be distinguishable and contain the	words "Limited L	iability Company," the de	signation "LLC" or t	e abbreviati	თქL.L	C."
Inter new principal offices address, if appli	icable:	N/A		<del>-</del>	哥	\$*** 1 <sub>d</sub>
Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>		**	ksi	100 m et e
				· · · · · · · · · · · · · · · · · · ·	F-0	
Enter new mailing address, if applicable:		N/A	· · · · · · · · · · · · · · · · · · ·	<b>.</b> (., .	15 15	,
Mailing address MAY BE A POST OFFICI	E BOX)	· · · · · · · · · · · · · · · · · · ·			4.45	
3. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:			our records, <u>en</u>	ter the na	ame o	f the
New Registered Office Address:						
New Verbried Only Vinies:	<del></del>	Enter Flori	da street address			
			, Florida			
		Citv		7h (	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	Membe:

<u>Title</u>	Name	Address	Type of Action
N/A			🗆 Add
			□ Remove
		·	Change
			□ Remove
			Change
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		<u>د</u>	Add
		•	□ Remove
			☐ Change
			C Remove
			D Change

ective date, if other than the da	te of filing: specific and cannot be prior to date of filing or more than 9	(optional)
effective date is listed, the date must be te: If the date inserted in this block	specific and cannot be prior to date of filing or more than 9 does not meet the applicable statutory filing require	30 days after filing.) Pursuant to 605. ements, this date will not be liste
ument's effective date on the Depar	rtment of State's records.	
	ffective date, but not an effective time, at	t 12:01 a.m. on the earlie
recora specilies a delaved ei	l is filed.	
he 90th day after the record		
he 90th day after the record	. 1/2018	
he 90th day after the record	2018	23. 23
he 90th day after the record	2018	2019
he 90th day after the record ed 2/6	mature of a templer of authorized representative of a men	nber (C)
he 90th day after the record ed		nber [7]

Filing Fee: \$25.00