

L18000042225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

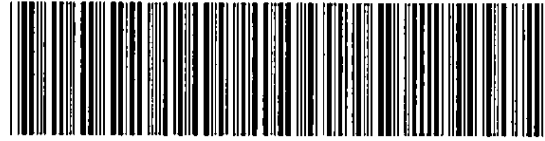
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SECRETARY OF STATE

2022 NOV - 1 PM 1:12

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PROFESSIONAL PHARMACY RESOURCES 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:

RICHARD W. SANTO

Name of Person

PROFESSIONAL PHARMACY RESOURCES LLC

Firm/Company

4854 WOODBINE ROAD UNITS 5 & 6

Address

PACE, FLORIDA 32571

City/State and Zip Code

PHARMACIST@PROPHARMRX.COM

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

For further information concerning this matter, please call:

RICHARD SANTO at (850) 463-0022
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

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

PROFESSIONAL PHARMACY RESOURCES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2022 NOV -1 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 02/15/2018 and assigned Florida document number L18000042225.

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)

4854 WOODBINE ROAD
UNITS 5 & 6
PACE, FLORIDA 32571

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:

RICHARD W SANTO

New Registered Office Address:

4854 WOODBINE ROAD UNITS 5 & 6

Enter Florida street address

PACE

City

Florida 32571

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 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>
CEO	LOGAN, DONNA	8809 ELY ROAD	<input type="checkbox"/> Add
		PENSACOLA, FLORIDA 32514	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRES	VIATOR, STUART	4854 WOODBINE ROAD UNITS 5 & 6	<input type="checkbox"/> Add
		PACE, FLORIDA 32571	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
SEC/TRE	GRESSETT, BRIAN	8809 ELY ROAD	<input type="checkbox"/> Add
		PENSACOLA, FLORIDA 32514	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HENDERSON, BRYAN D	4854 WOODBINE ROAD UNITS 5 & 6	<input checked="" type="checkbox"/> Add
		PACE, FLORIDA 32571	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DENSMAN, HAL J	4854 WOODBINE ROAD UNITS 5 & 6	<input checked="" type="checkbox"/> Add
		PACE, FLORIDA 32571	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SANTO, RICHARD W	4854 WOODBINE ROAD UNITS 5 & 6	<input checked="" type="checkbox"/> Add
		PACE, FLORIDA 32571	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

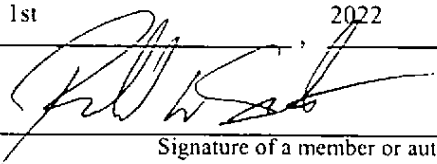
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 NOVEMBER 1st, 2022



Signature of a member or authorized representative of a member

RICHARD W SANTO

Typed or printed name of signee