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TO:		ration Section of Corp			
SUBJEC	rr: G	ood Day Pl	harmacy LLC		
	_		Name of Lim	ited Liability Company	
The enci	iosed A	rticles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	eturn al	l correspon	dence concerning this matter	to the following:	
			Yeimi D. Sanchez		
				Name of Person	
			Good Day Pharmacy LLC	Firm/Company	
			2561 County Rd 220, Ste J	508	
				Address	
			Middleburg, FL 32068	City/State and Zip Code	
			veimi@goodday-rx.com E-mail address: (to be used for future annual report noti	fication)
For furth	ner info	rmation co	ncerning this matter, please ea		
<u>Yeimi 1</u>). Sanc		D.	at (954) 205-3946 Area Code Davtin	e Telephone Number
		Name of	rerson	Mea Code Dayon	te reference warmer
Enclosed	d is a c	heck for the	: following amount:		
■ \$25	.00 Fili	ng 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)
					2021
	Regis Divis P.O.	ng Address stration So sion of Co Box 6327 hassee, F	ection orporations	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FI	ction 25 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7

, ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Good Day Pharmacy LLC		
(Name of the Limited Liability Co (A Florida Lim	<u>ompany as it now appears on o</u> nited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Comp	pany were filed on <u>03/08/20</u>	and assigned
Florida document number 1.18000061430		
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 designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sir	
	City	, Florida
New Registered Agent's Signature, if changing Registered Ag	gent:	021
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	l agree to act in this capac plete performance of my d t as provided for in Chapt	utics, and I am familiar with and er 605, F.S. Or, if this document is

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>Name</u>	Address	Type of Action
Yeimi D. Sanchez	6781 Branch Street, Hollywood FL 33024	_ ≡ Add
	-	_ □Remove
		_ IChange
Marina Lastovka	400 NE 3rd Avenue, Apt 3104, Ft Lauderdale FL 333	0 □ Add
		_ Remove
		_ ≘ Change
		_ □ Add
		_ □Remove
	-	_ DChange
		_ □Add
		_ Remove
		_ □Change ≈ Ø
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	Yeimi D. Sanchez	Marina Lastovka 400 NE 3rd Avenue, Apt 3104, Ft Lauderdale FL 333

						
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Effective date, if fan effective date is	other than the da- listed, the date must be	te of filing: specific and canno	t be prior to date of	filing or more than	(optional) 90 days after filing.	Pursuant to 605.02
Note: If the date i	nserted in this block	does not meet th	e applicable statt			
document's effecti	ve date on the Depar	riment of State 8	records.			
3 J. TAT	i delayed effective da	. 1	· .: .:	(1)1	i un la la la victoria	202
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Dated <u>February 10</u>	5	. 202	:1		• •	25
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