

L18 0000061430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

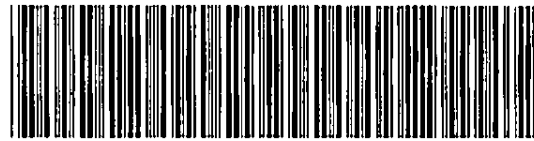
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/26/22--01008--002 **25.00

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2022 SEP 26 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FL

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

Good Day Pharmacy 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 3/08/2018 and assigned
Florida document number L18000061430.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1941 SE Port St. Lucie Blvd.

(Principal office address MUST BE A STREET ADDRESS)

Port St. Lucie, FL 34952

Enter new mailing address, if applicable:

1941 SE Port St. Lucie Blvd.

(Mailing address MAY BE A POST OFFICE BOX)

Port St. Lucie, FL 34952

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:

Sudheer Senkese

New Registered Office Address:

6700 NW 34th Avenue

Enter Florida street address

Ft. Lauderdale

Florida

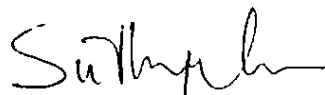
33309

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.



If Changing Registered Agent, Signature of New Registered Agent

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Good Day Pharmacy 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:

Suheer Senkesi

Name of Person

Good Day Pharmacy LLC

Firm/Company

1941 SE Port St Lucie Blvd

Address

Port St. Lucie, FL 34952

City/State and Zip Code

sudheersenkasi@gmail.com

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

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Sudheer Senkesi

674 3174
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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	Yeimi D. Sanchez	1280 Eucalyptus Drive, Unit 1	<input type="checkbox"/> Add
		Hollywood, FL 33021	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sudheer Senkesi	6700 NW 34th Avenue	<input checked="" type="checkbox"/> Add
		Ft. Lauderdale, FL 33309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Cesar Ovalles	14731 Wesley Manor	<input checked="" type="checkbox"/> Add
		Davie, FL 33325	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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.

Dated September 20, 2022, 2022

SuV Impulse

Signature of a member or authorized representative of a member

Sudheer Senkese

Typed or printed name of signee