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## **COVER LETTER**

Division of Corp	orations				
SUBJECT: Malone Pl	harmacy LLC				
	·	ited Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	Robert Jennings	Name of Person			
	Malone Pharmacy L	From Company			
		· ····································			
	P.O. Box 94	Address			
		Address			
	Malone FL 32445		<del></del>		
	rejjrusa@gmail.com	City State and Zip Code			
		to be used for future annual report notif	cation)		
For further information cor	neerning this matter, please co	all:		2313	
Robert Jennings				213 HAR 15 P ID 5	
Name of I	Person	at () Area Code Daytime	Telephone Number		
				` 	
Englosed is a check for the	following amount:			E. \$	أسسأ
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	ng/Fee, c of Status &_	

MAILING ADDRESS:

TO:

Registration Section

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

Malone Pharmacy LLC						
(Name of the Limite	d Liability Compan	v as it now appears on our reco ability Company)	ords.)			
		•				
The Articles of Organization for this Limited Lie	ability Company v	vere filed on $\frac{1}{13}$	iù 🕅 and assigned			
Florida document number L18000167635	<del></del> .					
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liabil	ity company here:				
Malone Pharmacy The new name must be distinguishable and contain the we	ords "Limited Liabilit	y Company," the designation "L	LC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applica	ble:	5404 10th Street				
(Principal office address MUST BE A STREET	(ADDRESS)					
	<u> </u>	Malone FL 32445				
Enter new mailing address, if applicable:		P.O. Box 94				
(Mailing address MAY BE A POST OFFICE B	BOX)	-	<del>-</del>			
	<u> </u>	Malone FL 32445 👙 😭				
			المستحد فسا			
B. If amending the registered agent and/o	or registered offi	ice address on our reco	rds, enter the name of the nev			
registered agent and/or the new registered off	<u>ice address bere</u> :					
			\$ * \$			
Name of New Registered Agent:	Registered	Agents Inc.	To U			
New Registered Office Address:	7901 4th S	t N STE 300	· · · · · · · · · · · · · · · · · · ·			
	-	Enter Florida street add	ress 31			
	St. Petersb	urg	Florida 33702			
	<del>-</del>	- 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

• 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

Title	<u>Name</u>	Address	Type of Action
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	han the date of filing:e date must be specific and cannot		(on	tional)	. <del>'</del>	

Page 3 of 3

Filing Fee: \$25.00