

L 18033167635

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MALONE PHARMACY, GIFTS AND CAFE LLC

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OCT 23 2019

T. LEMIEUX

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

FILED

Malone Pharmacy , Gifts and Cafe LLC

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

2018 OCT 22 09:13:18

The Articles of Organization for this Limited Liability Company were filed on 07/11/2018 and assigned
Florida document number L18000167635.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Carrabelle Pharmacy and Gifts LLC

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:

7901 4th St N

(Principal office address MUST BE A STREET ADDRESS)

STE 300

St. Petersburg FL 33702

Enter new mailing address, if applicable:

7901 4th St N

(Mailing address MAY BE A POST OFFICE BOX)

STE 300

St. Petersburg FL 33702

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JENNINGS, ROBERT, JR.	7901 4th St N	<input type="checkbox"/> Add
		Ste 300	<input type="checkbox"/> Remove
		St. Petersburg FL 33702	<input checked="" type="checkbox"/> Change
AMBR	JENNINGS, JENNIFER KELLY	7901 4th St N	<input type="checkbox"/> Add
		Ste 300	<input type="checkbox"/> Remove
		St. Petersburg FL 33702	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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Dated October 22, 2019

Riley Park

Typed or printed name of signee