



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000318392 3)))



H190003183923ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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
PHARM DELIVERIES L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2019 OCT 28 PM 1:55

FILED

2019 OCT 28 PM 1:55

FILED

Electronic Filing Menu

Corporate Filing Menu

Help 2 130
OCT 2 2019

Articles of Amendment to LLC Articles of Organization of

PHARM DELIVERIES L.L.C.The Articles of Organization for this Limited Liability Company were filed on
7-25-18 and assigned Florida document number
118000178329

This amendment is submitted to amend the following:

CHANGE ALL ADDRESS TO6521 COW PEN RD Apt G 101MIAMI LAKES 33014 FL

These articles of amendment were adopted on

10/28/19

Dated

10/28/19

Signature of a member or authorized representative of a member

ARSENIO RUIZ

Typed or printed name of signee

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

2019 OCT 28 PM 4:00
TALLAHASSEE, FLORIDA

FILED