

From: Cleber Dutra
1/28/2019

Fax: 19502282410

To: Amendment E

Fax: (850) 617-6383

Page: 1 of 1

31/28/2019 11:30 AM

L19000015381

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H19000032542 3)))



H190000325423ABC-

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 : VIP ACCOUNTING & BUSINESS CONSULTING , LLC
Account Number : 120100000072
Phone : (954)228-2410
Fax Number : (954)228-2411

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

Email Address: Vitor.Bidart@VipBusiness.Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RM PHARMACY SUPPLY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

JAN 29 2019

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

H19 0000 32542 - 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

RM PHARMACY SUPPLY, 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 01/14/2019 and assigned
Florida document number L19000015381

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

H 19 0000 325 42 3

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>
MGR	MARCOS MIRANDA	6499 POWERLINE RD., S. 101	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

19 JAN 28 AM 9:55
FL 33309
FEDERAL

