L14000037311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

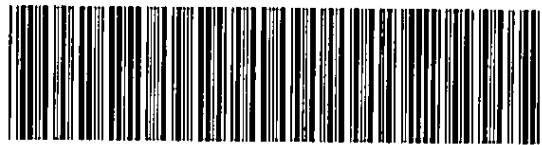(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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COVER LETTER

TO: **Registration Section**
     Division of Corporations

     PharmPham LLC
SUBJECT: _____
                        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:

Katherine Viker
_____
                        Name of Person

PharmPham LLC
_____
                        Firm/Company

419 Vinnedge ride
_____
                        Address

Tallahassee, FL 32303
_____
                        City/State and Zip Code

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

For further information concerning this matter, please call:

Katherine L. Viker   850   443-7570
_____ 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 &   □ $55.00 Filing Fee &   □ $60.00 Filing Fee,
                          Certificate of Status   Certified Copy   Certificate of Status &
                                                      (additional copy is enclosed)   Certified Copy
                                                                                 (additional copy is enclosed)

Mailing Address: **Street Address:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   2415 N. Monroe Street, Suite 810
                                        Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PharmPham, 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 2/06/2019 and assigned

Florida document number L19000037311 .

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here</u>:

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) N/A

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, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent: N/A

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, <u>Signature of New Registered Agent</u>

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Caldwell Harris	1114 Marion Avenue Tallahassee, Florida 32303	■ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

No other changes everthing else is the same.

_____

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_____

E. Effective date, if other than the date of filing: ___7 / 17 / 2022___ **(optional)**
(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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 _July 17,_____ 2022_____ .

_____
Signature of a member or authorized representative of a member

Katherine L. Viker
_____
Typed or printed name of signee

Filing Fee: $25.00