

L19000057464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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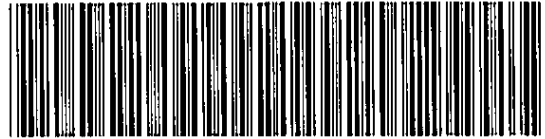
(Business Entity Name)

(Document Number)

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JULIA A. STANLEY

T GLASS

MAY 22 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Medication Technology Management, LLC

\_\_\_\_\_  
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:

Jennifer Reed, Esq.

\_\_\_\_\_  
Name of Person

JR LEGAL, PLLC

\_\_\_\_\_  
Firm/Company

21345 SW 183 Avenue

\_\_\_\_\_  
Address

Miami, FL 33187

\_\_\_\_\_  
City/State and Zip Code

lzayas@gbiodmed.net

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

For further information concerning this matter, please call:

Luis Zayas

786 542-1551

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 &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### MAILING ADDRESS:

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

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REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32301

## Medication Technology Management, LLC

Page 1 of 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	Penstar Family Wellness, Inc.	1666 NE 19th Ave. Ste 112 N Miami Beach, FL 33162	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	OL Holdings Corp	1172 S Dixie Hwy, Unit 461 Coral Gables, FL 33146	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**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.

Dated May 9, 2019

  
Signature of a member or authorized representative of a member

Typed or printed name of signee