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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

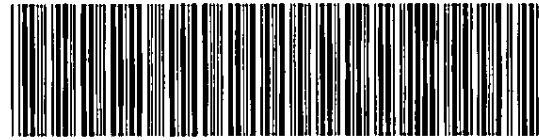
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20 JUL 15 AM 11:45

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AUG 15 2020

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARGONAUTS R.E. 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:

PAULA MORATO
Name of Person
PHARMAMED USA INC.
Firm/Company
3778 SW 30TH AVE
Address
HOLLYWOOD, FL 33312
City/State and Zip Code
PAULA@PHARMAMED.US
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAULA MORATO 954 274 5808
Name of Person at () 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

20 JUL 15 AM 11:45

FILED
DIVISION OF STATE
CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 JUN 15 PM 2:20

June 25, 2020

PAULA MORATO
3778 SW 30TH AVE
HOLLYWOOD, FL 33312

SUBJECT: ARGONAUTS R.E. LLC
Ref. Number: L19000188281

We have received your document for ARGONAUTS R.E. LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 820A00012628

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

ARGONAUTS R.E. LLC

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

RECEIVED
CLERK OF DISTRICT COURT
20 JUL 15 AM 11:15

The Articles of Organization for this Limited Liability Company were filed on 07/22/2019 and assigned
Florida document number L19000188281.

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:

3778 SW 30TH AVE

(Principal office address MUST BE A STREET ADDRESS)

HOLLYWOOD, FL 33312

Enter new mailing address, if applicable:

3778 SW 30TH AVE

(Mailing address MAY BE A POST OFFICE BOX)

HOLLYWOOD, FL 33312

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:

PHARMAMED USA INC.

New Registered Office Address:

3778 SW 30TH AVE

Enter Florida street address

HOLLYWOOD

City

, Florida 33312

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.

Paula Moraitis
PHARMAMED USA INC.

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	PHARMAMED USA INC.	3440 NW 87TH AVE	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FL 33024	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PAULA MORATO	3440 NW 87TH AVE	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33024	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JULIAN LOPERA	3440 NW 87TH AVE	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FL 33024	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SERGIO LOPERA	3440 NW 87TH AVE	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

Filing Fee: \$25.00