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COVER LETTER

Division of Corp	orations		
SUBJECT: Three	Little Bir	ited Liability Company	LLC.
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Dana Sac	Name of Person	
		Firm/Company	
	7350 NV	N 17th Ct.	
		Address	
	Pembroke Piv Dana Sador E-mail address: (1	nes, Fl. 330 ₂ City/State and Zip Code WSKi I agmai to be used for future annual raport notif	24 1. com
For further information con	ocerning this matter, please ca	all:	
Dana S	adousti	at (<u>954</u>) <u>589 –</u> Area Code Daytime	7810
Name of I	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)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Lim	ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number $\underline{L19000193482}$.	any were filed on July 29, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited The Good ApotheCary Ll The new name must be distinguishable and contain the words—Limited I	
Enter new principal offices address, if applicable:	7350 NW 17th Ct.
(Principal office address MUST BE A STREET ADDRESS	Pembroke Pines, Fl. 33024
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7350 NWI7th Ct. Pembroke Pines, Fl. 33024
registered agent and/or the new registered office address	
Name of New Registered Agent: Dana	
New Registered Office Address: 735	Sadowski Street address Street address
Pemb	roke Pines Florida 33024
New Registered Agent's Signature, if changing Registered Age	ent:

If Changing Registered Agent Signature of New Registered Agent

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with a 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			
			Remove
			Change
		-	
			□ Remove
			Change
			□ Remove
			Change
			Remove
			Change
			Add
			□ Remove
		-	Change

7. _. 11 an <u>i</u>	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
	·
(If an ef	tive date, if other than the date of filing:
the re) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	Aug. 12th 2019
	highaune of a member or authorized representative of a member
	Dana Sadowski

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Filing Fee: \$25.00