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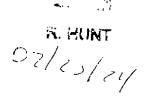
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DATE:

02/23/2024

NAME: GRAND 7TH PHARMACY AND DISCOUNT, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration S Division of Co			
	Pharmacy and Discount , LI	LC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Tosin Julius		
		Name of Person	
	Grand 7th Pharmacy and	d Discount, LLC	,
	·	Firm/Company	
	3135 Grand Ave		
	· · · · · · · · · · · · · · · · · · · 	Address	
	Miami, Fl 33133		* **
	5thaveholdingsnyc@gma	City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information of	concerning this matter, please c		
Tosin Julius		813 4100029	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration	Section	Street Address: Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Grand 7th Pharmacy and Discount, 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 _____ and assigned Florida document number L2000000621 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 the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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>	Address	Type of Action
P 	Firas Hussain	1450 Brickell Bay Dr 1404 Miami Fl 33131	□Add
			Remove
			□Change
P	Tosin Julius	3135 Grand Ave Miami, FI 33133	■Add
			□Remove
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ffective date, if other than the an effective date is listed, the date must lote: If the date inserted in this bloocument's effective date on the December 1.	ock does not meet the applicable st	(optional of filing or more than 90 days after filin atutory filing requirements, this dat	g.) Pursuant to 605.02
record specifies a delayed effective is filed.	e date, but not an effective time, at	12:01 a.m. on the earlier of: (b) T	The 90th day after ti
February 21	. 2024		

Filing Fee: \$25.00