

L20000123172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

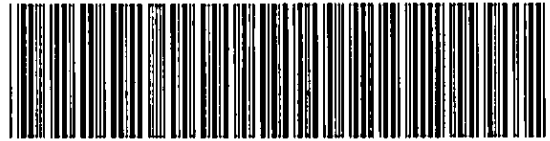
(Business Entity Name)

(Document Number)

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05/18/20 01021 031 *25.00

FILED
2020 MAY 18 PM 7:51

Amend
Name chg

MAY 28 2020
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONE STOP PHARMA 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:

BOOPATHI RAJAN ADISESHAN
Name of Person

ONE STOP PHARMA LLC
Firm/Company

10629 HAMMOCK BLVD APT - 638
Address

MIAMI FL - 33196
City/State and Zip Code

INFO @ ONECALLPHARMA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BOOPATHI ADISESHAN at (+1) 786-219-9542
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 Address:

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2020 MAY 18 AM 7:51

ONE STOP PHARMA 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 MAY 06, 2020 and assigned
Florida document number L 20000123172

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ONE CALL PHARMA LLC.

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)

10629 Hammock Blvd
APT 638 Miami
FL - 33196

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10629 Hammock Blvd
APT 638 Miami
FL - 33196

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

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, 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

[illegible]

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

Reinvesting COMPANY NAME Change

OLD NAME: ONE STOP PHARMA LLC

Reinvesting NEW NAME: ONE CALL PHARMA LLC


E. Effective date, if other than the date of filing: _____ (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 05/14/2020 .



Signature of a member or authorized representative of a member

BOOPATHI RAJAN ADISESHAN

Typed or printed name of signer