

h 20 000 142256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

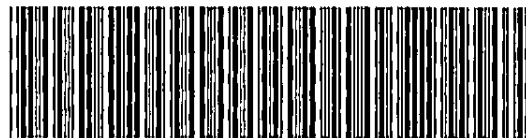
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 24 2022

S. PRATHER

JUN 24 2022

S. PRATHER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: White Tip Pharmacy, 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:

Ivan Ferguson

Name of Person

White Tip Pharmacy, LLC

Firm/Company

1700 North Dixie Highway, Suite #103

Address

Boca Raton, Florida 33432

City/State and Zip Code

whitetippharmacy@gmail.com

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

For further information concerning this matter, please call:

Allen Knee

954

805-4448

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 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**

White Tip Pharmacy, LLC

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

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2022 MAY -3 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on May 26th, 2020 and assigned
Florida document number L20000142256.

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:

1700 North Dixie Highway

Suite #103

Boca Raton, Florida 33432

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

1700 North Dixie Highway

Suite #103

Boca Raton, Florida 33432

(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:

Ivan Ferguson

New Registered Office Address:

1700 North Dixie Highway, Suite #103

Enter Florida street address

Boca Raton

Florida 33432

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Kenn Haupt	255 NE 3rd Street	<input type="checkbox"/> Add
		Boca Raton, Florida 33432	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ivan Ferguson	130 Northeast 26th Street	<input checked="" type="checkbox"/> Add
		Pompano Beach, Florida 33064-3856	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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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 April 28th, 2022

Signature of a member or authorized representative of a member

Ivan Ferguson

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 MAY -3 PM 12:46

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Filing Fee: \$25.00