LZO 000 370 431

(Requestor's Name)	
(Address)	500357859
(Address)	000007000
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	01/22/21 01010(
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



275

031 **68.00

COVER LETTER

TO: Registratio Division of	n Section Corporations		
CVST	PHARMACY INDIANA, LLC	•	
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are su	ibmitted for filing	
	espondence concerning this matte		
	mane to the state of the state	to the following:	
	WILLIAM B TAYLOF	СШ	
		Name of Person	
		Firm/Company	
	3350 RIDGELAKE DR	IVE SUITE 212	
		Address	
	METAIRIE, LA 70002	2	
		City/State and Zip Code	
	williambtaylor@yahoo.com		
For further information	n concerning this matter, please o	to be used for future annual report notificat	ion)
		att.	
DINA PETTONI - ST		561 569-2401 at ()	•
Nam	e of Person	Area Code Daytime Tel	ephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr		Street Address:	
Registration		Registration Section	1
Division of	Comorations	Division of Com-	

P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CVS PHARMACY INDIANA, LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	-
The Articles of Organization for this Limited Liability	Company were filed on NOVEMBER 24, 2020	and assigned
Florida document number L20000370431	 -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
7433 CAPITAL MANAGEMENT LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		2021
Principal office address MUST BE A STREET ADD	RESS)	<u></u>
		12
		m
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
5. If amending the registered agent and/or registere gent and/or the new registered office address here: Name of New Registered Agent:	ed office address on our records, enter the nam	e of the new regi
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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			DAdd
			□Remove
			202 □Change
			70
			□ Remove
			☐Change
			DAdd
			□Change
			□Add
			□Remove
			Change
			
			C}Remove
			ПСЬ

				
				
		<u>-</u>		
		 -		
				
				
	·			
				2621
	-	 -		JAN 71
				- 2
				<u> </u>
·				# D
				25
		-		
			-	
			· · · · · · · · · · · · · · · · · · ·	
Tective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blooming the date on the Decument's effective date on the Decument.	be specific and cannot be ock does not meet the a	inniicable statutory	A A	tional) er filing.) Pursuant to 605.020 his date will not be listed a
ecord specifies a delayed effective is filed.	date, but not an effect	live time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
ted JANUARY 15	, 2021	·		
	TTAI		÷	
- Khrite	Signature of a member or			

Filing Fee: \$25.00