## 121000518591

		_
(	Requestor's Name)	
(	Address)	
	Address)	
(	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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(	Document Number)	
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SECRETARY OF STATE
TALLAHASSEE FI

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## Registration Section Division of Corporations

<sub>:T:</sub> Pharma	acy at 100 NW 170th St	, LLC	_		
· · · · · · · · · · · · · · · · · · ·	Name of Lim	Name of Limited Liability Company			
	Amendment and fee(s) are sub	_			
	Richard Ray				
		Name of Person			
	DPR Pharmacy				
	<u> </u>	Firm/Company			
	500 NE 2nd St, 219				
		Address			
	Dania, FL 33004		S	202	
		City/State and Zip Code	CRE TALI	1450 1470	"
	DPRpharmacy0@gma	II.COM to be used for future annual report notifi	cation)	<b>←</b>	<u>- 1258</u> 1- 1258 1}
er information co	oncerning this matter, please c	·	LAHASSEE	2024 NOV 13 PH 3: 0	
d Ray		at (917 ) 440-1529	근집	بب 0	
Name of	f Person	Area Code Daytime	Telephone Number		
is a check for th	ne following amount:				
00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate of Certified Co (additional co)	of Statu	
Mailing Address	_	Street Address: Registration Sec	tion		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION OF

Pharmacy at 100 NW 170th (Name of the Limite		ny as it now appears on our records. Liability Company)	)
cles of Organization for this Limited Li locument number L21000518591	ability Company	were filed on 12-08-2021	and assigned
endment is submitted to amend the follo	owing:		
nending name, enter the new name of	the limited liab	ility company here:	
Pharmacy LLC	<u></u>		
name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
ew principal offices address, if applica	able:	15485 Eagle Nest Lane	22
val office address MUST BE A STREET ADDRE.		Miami Lakes, Fl 333014	ZOZINOV TACKE
		<del></del>	HAR 3
ew mailing address, if applicable:		500 NE 2nd St, 219	SSE PA
address MAY BE A POST OFFICE BOX)		Dania, FL_33004	μα ⇔ ""
	<del></del>		02 TE
nending the registered agent and/or read/or the new registered office address  Name of New Registered Agent:		address on our records, <u>enter t</u>	he name of the new register
New Registered Office Address:	500 NE 2nd	<u> </u>	
	_	Enter Florida street address	
	Dania	, Flor	rida 33004  Zip Code
gistered Agent's Signature, if changing R	logistared Agent:	•	Σφ Code
o accept the appointment as registered ons of all statutes relative to the prope the obligations of my position as regis led to merely reflect a change in the r by has been notified in writing of this	d agent and agr er and complete stered agent as p registered office	ree to act in this capacity. I furt performance of my duties, and provided for in Chapter 605, F	d I am familiar with and S.S. Or, if this document is
	Rich	ard Ray	New Registered Agent

ved from our records:

Manager

= Authorized Member

Name	Address	Type of Action
Richard Ray	500 NE 2nd St, 219 Dania,FL 33004	🖾 Add
		□ Remove
		☐Change
		□Adđ
		□Remove
		□Change
		□Add
		□Remove
	S ALL	Change
	SECRETARY OF TALLAHASSEE	7071 NO Add
		-⊟Remove
		ယ္ Change
		□Add
		Remove
		□Change
		□Add
	<del> </del>	□Remove
		□ Change

1- Name of LLc changed
2- Registered agent changed
3-Address of Pharmacy on Article of incorporation changed
4- Type of Corporation changes from Sole propietor to regarded entity on IRS siide
<del></del>
SEC SEC
AC F
Est 3
tive date, if other than the date of filing: 11-2-2024 12:00 am (optional)
ffective 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). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
rd 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 filed.
November 2 , 2024 .
Fichard Kay
Signature of a member or authorized representative of a member
Richard Ray
Typed or printed name of signee

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