# L22-000 2.80727

	(Requestor's Name)
<del></del>	(Áddress)
<del></del>	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
•	(Business Entity Name)
(	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer.

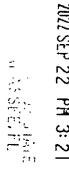
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2022 SEP 22 PH 4: 07



## Registration Section Division of Corporations

### SOUTHEASTERN PHARMACY LLC

SUBJECT:			
	Name of Limit	ed Liability Company	
The enclosed Articles of	f Amendment and fee(s) are subn	nitted for filing.	
Please return all correspondent	ondence concerning this matter to	o the following:	
	Karin Lucas		
		Name of Person	<del></del>
	Southeastern Pharmacy LLC	2	
	1.11	Firm/Company	
	7340 Oakmont Ct		
		Address	<del></del>
	Ponte Vedra Beach, Fl., 320	082	
	kelfers35@gmail.com	City/State and Zip Code	<del></del>
	E-mail address: (to	be used for future annual report notification	)
For further information c	concerning this matter, please cal	l:	<b>2</b> 022
Karin Lucas		904 718-5631 at ( )	2022 SEP 22
Name o	f Person	at () Area Code Daytime Telepl	Service P
Enclosed is a check for the	ne following amount:		변화 호 전환 2
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

# TO ARTICLES OF ORGANIZATION OF

Southeastern Pharmacy 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 \_\_\_\_\_L22000280727 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 "LLC." 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)  $\sim$ 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 City

# 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

# or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	JOHN CARVER	2501 CEDAR TRACE DR. WEST	□ Add
		JACKSONVILLE, FL 32246, USA	≣Remove
			□Change
MGR	KARIN E. LUCAS	7340 OAKMONT CT	🗀 Add
		PONTE VEDRA BEACH, FL 32082, USA	□Remove
			<b>≘</b> Change
<del></del>			□Add
			SEP Stange Plans
			Namove □ Remove
			Change
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Effective date, if othe (If an effective date is fisted, Note: If the date inserte document's effective da	ed in this block does	not meet the applicat	date of filing or more that the statutory filing requ	(optional) n 90 days after filing irements, this date	.) Pursuant to 605.6	0207 (3) d as the
the record specifies a delagord is filed.	yed effective date, bu	it not an effective tim	ie, at 12:01 a.m. on the	carlier of: (b) Th	ne 90th day after	the
Dated 9	122	202.2				
Dated 9	KN3.	Lucia		umbor		
	KARINI					

Filing Fee: \$25.00