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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

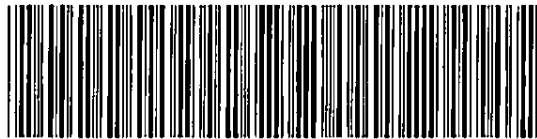
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
ALABAMA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gainesville Infusion RX, 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:

William Stewart

Name of Person

Gainesville Infusion Rx LLC

Firm/Company

6241 NW 23rd Street, Suite 101

Address

Gainesville Florida 32653

City/State and Zip Code

bstewart500@gmail.com

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

For further information concerning this matter, please call:

William Stewart

704

995 1168

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)

FILED
2009 JUN 12 PM 2:57
STATE
TALLAHASSEE, FL

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**

GAINESVILLE INFUSION RX 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 03/07/2023 and assigned
Florida document number L23000119549.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6241 NW 23rd Street

Suite 101

Gainesville, Florida 32653

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6241 NW 23rd Street

Suite 101

Gainesville, Florida 32653

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

2023 JUN 12 PM 2:57
CLERK OF STATE
TALLAHASSEE, FL
1000000000

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	MITCHEL SANCHEZ	11123 FALLGATE POINT CT	<input checked="" type="checkbox"/> Add
		JACKSONVILLE FL 32256	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2024 JUN 12 PM 2:57
CLERK OF DISTRICT COURT
JACKSONVILLE, FL

[illegible]

FILED
2025 JUN 12 PM 2:57
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

Dated January 5th

2h24

Signature of a member or authorized representative of a member

1-5-24

William K Stewart

Typed or printed name of signer

Filing Fee: \$25.00