

M15000006066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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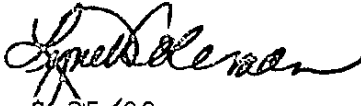
2015 AUG 25 AM 10:45
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K. SALY
EXAMINER
AUG 26 2015

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 759470 4611296
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : August 25, 2015
ORDER TIME : 1:15 PM
ORDER NO. : 759470-005
CUSTOMER NO: 4611296

FOREIGN FILINGS

NAME: PHARMACENTER LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PharmaCenter LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICHARD J CARTER, JR

Name of Person

EATON & VANWINKLE LLP

Firm/Company

3 PARK AVE

Address

NEW YORK, NY 10016

City/State and Zip Code

RCARTER@EVW.COM

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

For further information concerning this matter, please call:

RICHARD J CARTER, JR

Name of Person

at (212) 561 3618

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department

State: PHARMA CENTER LLC

2. The Florida document number of this limited liability company is: M15000006066

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: JULY 29, 2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

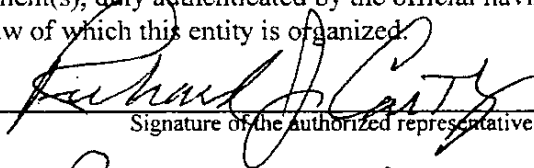
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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

CHANGES AS BELOW

Title/ Capacity	Name	Address	Type of Action
<u>CEO</u> MEMBER MANAGER	<u>MARIO W. MEDRI</u>	<u>6681 N.W. 80TH COURT</u> <u>MIAMI LAKES, MIAMI FL 33016</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>PRESIDENT</u> MEMBER MANAGER	<u>JAIR O OSORNO</u>	<u>8720 ABBOTT AVE</u> <u>SURFSIDE FL 33154</u>	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>COO</u> MEMBER MANAGER	<u>JOSE GUERRA</u>	<u>7948 VENETIAN STREET</u> <u>MIRAMAR FL 33023</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>SECRETARY</u> MEMBER MANAGER	<u>RICHARD J. CARTER, JR</u>	<u>BOX 777</u> <u>ORLEANS MA 02653</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.


Signature of the authorized representative
RICHARD J. CARTER, JR
Typed or printed name of signee

2015 AUG 25 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00