

L13000147882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

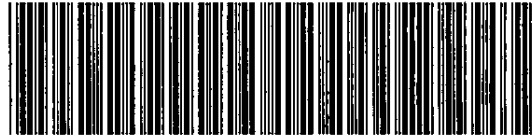
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
2016 MAY 10 P 2:28

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MAY 11 2016

S. WARRON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OPTIMUM HEALTH PHARMACY 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:

JAMES M MURRAY, CPA
Name of Person
JAMES M MURRAY, CPA
Firm/Company
PO BOX 297
Address
CALIFON, NJ 07830
City/State and Zip Code
OFFICE@CPAJMURRAY.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES M MURRAY CPA at (**908**) **832-5273**
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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

OPTIMUM HEALTH 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 10/21/13 and assigned Florida document number L13000147882.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

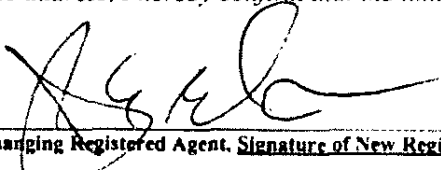
Name of New Registered Agent: JOHN BRASCH

New Registered Office Address: 5794 VAN CAMP STREET
Enter Florida street address

NORTH POINT, Florida 34291
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ERIC M. STERNBERG	13505 ICOT BLVD, STE 209	<input type="checkbox"/> Add
		CLEARWATER, FL 33760	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROBERT MUELLER	13505 ICOT BLVD, STE 209	<input type="checkbox"/> Add
		CLEARWATER, FL 33760	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JON JIMENEZ	15733 SAN PEDRO	<input type="checkbox"/> Add
		SAN ANTONIO, TX 78232	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	OPTIMUM HEALTH HOLDINGS <i>LLc</i>	2920 LITHIA PINECREST RD	<input checked="" type="checkbox"/> Add
		VALRICO, FL 33596	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOHN BRASCH	5794 VAN CAMP STREET	<input checked="" type="checkbox"/> Add
		NORTH POINT, FL 34291	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 2010 JUN 28

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated APRIL 29, 2016

Signature of a member or authorized representative of a member

JOHN BRASCH

Typed or printed name of signee

2016 MAY 10 P 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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