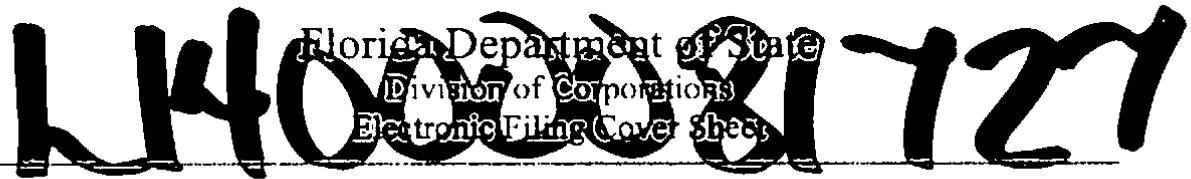


8/14/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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19 AUG 14 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FL

2019 AUG 14 PM 3:24
APPROVED
FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COAST QUALITY PHARMACY, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

T GLASS

AUG 15 2019

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COAST QUALITY 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 05/20/2014 and assigned
Florida document number L14000081727.

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)

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:

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

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>
VP/CIO/ Member	TJ Bresnahan	2400 Pilot Knob Rd, MN #200	<input type="checkbox"/> Add
		St. Paul, MN 55120	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
P/MBR	Hal Weaver	2400 Pilot Knob Rd, MN #200	<input type="checkbox"/> Add
		St. Paul, MN 55120	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	AnazaoHealth Corporation	5710 Hoover Blvd	<input type="checkbox"/> Add
		Tampa, FL 33634	<input type="checkbox"/> Remove
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Dated 11/7/18

Signature of a member or authorized representative of a member

TJ Bresnahan

Typed or printed name of signee

Filing Fee: \$25.00