Division of Corporations Electronic Filing Cover Sheet

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Tc:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067

Phone : (845) 425-0077 Fax Number : (845) 818-3588

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OMNERX LLC

Certificate of Status	0
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Page Count	04
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MAY 20 2020

Electronic Filing Menu Corporate Filing Menu

Help

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

Onmi RX LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.))
The Articles of Organization for this Limited Liability Company were filed on	5/x/2020 and assigned
Florida document number 1.20000124674	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
Omni PBM LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," th	e 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)	
	71.120 71.120 71.120
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
-	: ₁₇ : 🚾
B. If amending the registered agent and/or registered office address on our	records, enter the name of the new register
agent and/or the new registered office address here:	30 . .
Name of New Registered Agent:	
New Registered Office Address:	
Enter F	len ida steevt address
	. Florida
City	Zip Code

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> Fitle</u>	Name	Address	Type of Action
лмвr	Remy Polter	8162 Woodland Center Blvd.	
··		Tampa, FL 33614	
·			∏Add
			∏Remove
			□Change
			[i]Add
			∏Remove
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	Barbara	Weissman	churized representati	ve of a member		
		a-B-section 25 - Library 24 and				

Filing Fee: \$25.00