

CT CORPORATION SYSTEM

M960000000459

CORPORATION(S) NAME

Medco Health Prescription Solutions, L.L.C.

formerly: PAID Prescriptions, L.L.C.

APPROVED
AND
FILED

02 JUL 19 PM 1:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

RECEIVED
02 JUL 19 AM 11:29
DIVISION OF CORPORATION

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

7/19/02

Order#: 5476079

Ref#: _____

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

500006528055-9
-07/19/02-01028-015
*****25.00 *****25.00

CB
7-19-02

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: PAID Prescriptions, L.L.C.
2. Jurisdiction of its organization: Nevada
3. Date authorized to do business in Florida: 11-20-96

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 7/15/02
5. New name of the limited liability company: Medco Health Prescription Solutions, L.L.C.
6. If the amendment changes the period of duration, indicate new period of duration:

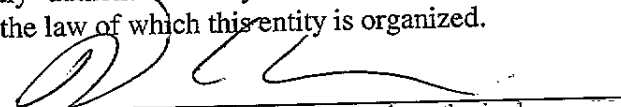
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____
9. Attached is an original certificate, 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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

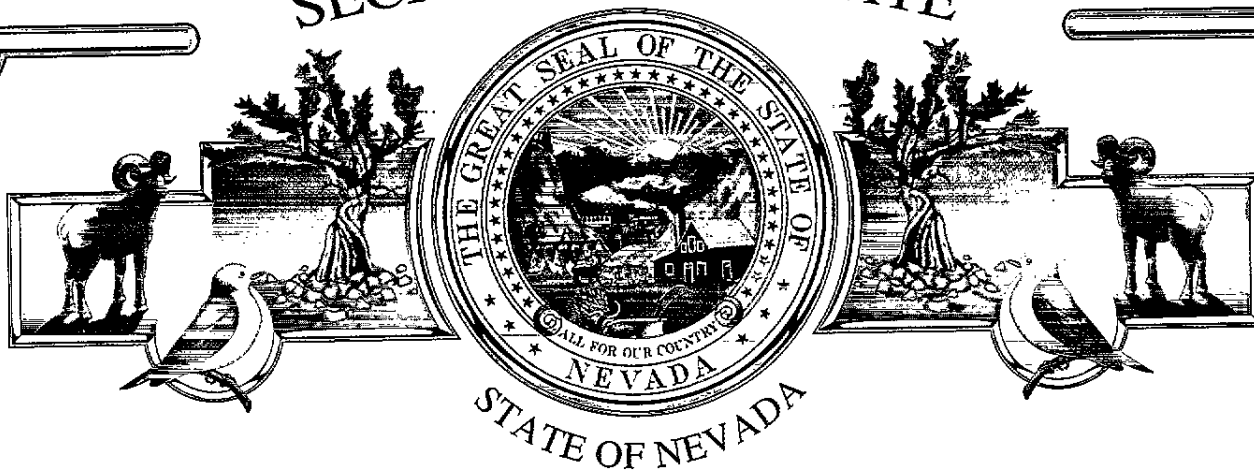


Signature of a member or the authorized representative of a member

Daniel C. Walden

Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF NAME CHANGE

I, DEAN HELLER, the duly qualified and elected Nevada Secretary of State, do hereby certify that on July 15, 2002, a Certificate of Amendment to its Articles of Organization changing the name to **MEDCO HEALTH PRESCRIPTION SOLUTIONS, L.L.C.**, was filed in this office by **PAID PRESCRIPTIONS, L.L.C.** Said change of name has been made in accordance with the laws of the State of Nevada and that said Certificate of Amendment is now on file and of record in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on July 16, 2002.



DEAN HELLER
Secretary of State

By 
Certification Clerk