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COVER LETTER

SUBJECT: <u>GP</u>	SPHARMACY-TAMPA LLC Name of Limited Liability Company
The enclosed Articles of Ame	endment and fee(s) are submitted for filing.
Please return all corresponder	nce concerning this matter to the following:
-	JOSE L ALOOKARAN, CPA
-	Osed Articles of Amendment and fee(s) are submitted for filling. Sturn all correspondence concerning this matter to the following: Tose L ALOOKARAN, CPA Name of Person LAZAAR ASSPCIATES LLC Firm/Company 1338 HATCHER LOOP DRIVE Address BRANDON FL City/State and Zip Code John Salpokorton La Usus 301. 2014 City/State and Zip Code John Salpokorton La Usus 301. 2014 Area Code Tose L ALOOKARAN at (K13) Name of Person at (K13) Area Code Daytime Telephone Number di is a check for the following amount: Of Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
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For further information conce	
Jose L Name of Per	ALODKARAN at (813) 571-3358 Area Code Daytime Telephone Number
Enclosed is a check for the fo	ellowing amount:
□ \$25.00 Filing Fee 5	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) CHK # 1056 Dated 2018 for \$30 ** Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

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

<u>GPSPHARMA</u>	
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability	1 • 1
Florida document number <u>L JL 000 2088</u>	<u>87</u>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	imited 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 ADI	5 G H
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	THOMAS, ABI
New Registered Office Address:	2846 BROADWAY CENTER BLVD. Enter Florida street address:
	BRANDON , Florida 33510 Zip Code
Non-Desistant Annala Cianatura if shoming Desista	and A game.

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 arrending 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>	Address	Type of Action
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T's effective date on the Department of State's records. The dispecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:00th day after the record is filed. August 20 . 2018 .				
T's effective date on the Department of State's records. I'd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed. AUGUST 20 Signature of a member or authorized representative of a member		THOMAS, AB) Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00