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| (Requestor's Name)                      |  |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |  |
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| PICK-UP WAIT MAIL                       |  |  |  |  |
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| (Business Entity Name)                  |  |  |  |  |
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| (Document Number)                       |  |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |
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Office Use Only



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DIVISION OF CORFORATION 02 NOV 26 PM 12: 14

November 26, 2002

Secretary of State, Florida 409 East Gaines Street N/A Tallahassee FL 32399

Order #: 5731372 SO Re: Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Bonita Beach CVS, L.L.C. (CVS # 5787) (FL) Amendment Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Melanie S Strickland Fulfillment Specialist Melanie\_Strickland@cch-lis.com

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Present Name)

Bonita Beach CVS, L.L.C.

|            | (A Florida Limited Liability Company)   |                         |           |           |
|------------|---|-------------------------|-----------|-----------|
|            |   |                         |           |           |
|            |   |                         |           |           |
| FIRST:     | The date of filing of the articles of organization was 4/15/02  | <b>-</b> ' .            |           | <u>.</u>  |
| SECOND:    | The following amendment(s) to the articles of organization was/were adopted by the liability company: | imited                  |           |           |
| The member | is hereby chnaged to CVS Meridian, Inc., One CVS Drive, Woonsocket RI 02895                           |                         |           |           |
|            |   |                         |           |           |
|            |   |                         |           |           |
|            |   |                         |           |           |
|            |   |                         |           |           |
|            |   | SÉCRETARY<br>TALLAHASSE | 02 NOV 26 | 7         |
| Dated Nov  | ember 14 , 2002 .   | of S                    | 3         | FILED     |
|            | Signature of a member or authorized representative of a member  | TATE                    | 1:39      |           |
|            | 33gnature of a member of admonized representative of a member   |                         |           |           |
|            | Melanie K. Luker, Authorized Representative Typed or printed name of signee                           |                         |           | · <u></u> |

Filing Fee: \$25.00