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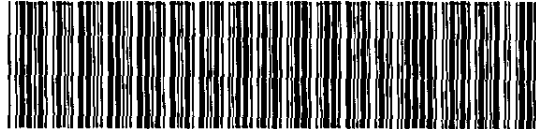
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
PHARMACY CURRICULUM CONSULTANTS LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

ARTICLE V - MGRM: Christing M Greenwald should be Christine M Greenwald.

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction is as follows:

Dated: May 27, 2005

Karen Sena

Signature of a member or authorized representative of a member

Karen Sena, Organizer

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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**Electronic Articles of Organization
For
Florida Limited Liability Company**

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Article I

The name of the Limited Liability Company is:
PHARMACY CURRICULUM CONSULTANTS LLC

Article II

The street address of the principal office of the Limited Liability Company is:
13 RYANT BLVD.
SEBRING, FL. 33872

The mailing address of the Limited Liability Company is:
13 RYANT BLVD.
SEBRING, FL. 33872

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
DEVON P DONALDSON
120 SOUTH ANOKA AVENUE
AVON PARK, FL. 33825

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: DEVON P. DONALDSON

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Article V

The name and address of managing members/managers are:

Title: MGRM
MARK GREENWALD
13 RYANT BLVD.
SEBRING, FL. 33872

Title: MGRM
CHRISTING M GREENWALD
13 RYANT BLVD.
SEBRING, FL. 33872

Signature of member or an authorized representative of a member

Signature: KAREN SENA

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