

L05000118704

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 23 PM 4:01

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIABETIC CARE RX, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JASALA MOHAMMED

Name of Person

DIABETIC CARE RX, LLC

Firm/Company

5371 HATUS ROAD

Address

SUNRISE, FL 33351

City/State and Zip Code

JMOHAMMED@DCRXINFUSION.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JASALA MOHAMMED

Name of Person

at (954) 473-4717

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 23 PM 4:01

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

DIABETIC CARE RX, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/13/2005 and assigned

Florida document number L05000118704

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE REGISTRATION
12 JUL 23 PM 4:01

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JASARA MOHAMMED

New Registered Office Address:

5371 HATUS ROAD

Enter Florida street address

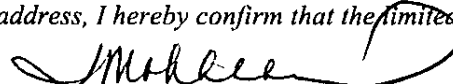
SUNRISE, FLORIDA, Florida 33351

City

Zip Code

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|-----------------------|
|--------------|-------------|----------------|-----------------------|

| | | | |
|--------|---------------------------|---|--|
| MEMBER | DCRX HOLDINGS CORPORATION | 1209 ORANGE STREET WILMINGTON, DELAWARE 19801 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
|--------|---------------------------|---|--|

| | | | |
|--------|------------------|--|--|
| MEMBER | JEFFREY FRIEDMAN | 765 LAKE DRIVE BOCA RATON, FL 33432 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
|--------|------------------|--|--|

| | | | |
|--------|-----------------|---|--|
| MEMBER | RONALD FRIEDMAN | 685 WEST END AVENUE NEW YORK, NY 10025 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
|--------|-----------------|---|--|

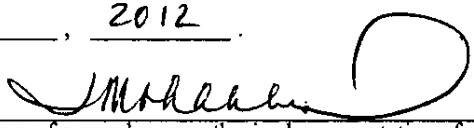
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| _____ | _____ | _____ | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
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| _____ | _____ | _____ | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated JULY 20TH, 2012



Signature of a member or authorized representative of a member

YASARA MOHAMMED, COO

Typed or printed name of signee