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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

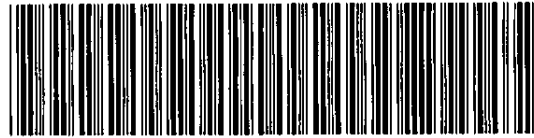
(Business Entity Name)

(Document Number)

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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

15 JUN - 1 PM 4:42

NOT ATTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED

15 JUN - 1 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN - 2 2015

T. HAMPTON

June 1, 2015

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 9570392 SO  
Customer Reference 1: 104912.0001  
Customer Reference 2: \*

Dear Department of State, Florida :

Please obtain the following:

LifeMed Pharmacy, LLC (FL)  
Amendment (Change of Name)  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
[Connie.Bryan@wolterskluwer.com](mailto:Connie.Bryan@wolterskluwer.com)

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

LifeMed Pharmacy, LLC

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on November 27, 2006 and assigned  
Florida document number L06000113399

This amendment is submitted to amend the following:

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

Frisko Rx, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2675 Hunter Court

(Principal office address **MUST BE A STREET ADDRESS**)

Weston, FL 33331

Enter new mailing address, if applicable:

2675 Hunter Court

(Mailing address **MAY BE A POST OFFICE BOX**)

Weston, FL 33331

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:

David Maya

New Registered Office Address:

2675 Hunter Court

Enter Florida street address

Weston


City

Florida 33331

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 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 amending 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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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15 JUN - 1 AM 9:11  
 CHANGE  
 ADD  
 REMOVE  
 CHANGE  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated \_\_\_\_\_ June 1, 2015

Signature of a member or authorized representative

**David Maya, Manager**

Typed or printed name of signee

**Filing Fee: \$25.00**

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15 JUN -1 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA