

LD7000025809

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : JAM MARK LIMITED
Account Number : I200000000112
Phone : (305) 789-7758
Fax Number : (305) 789-7799

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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10 NOV -5 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CHEMRX-BOCA RATON, LLC

Certificate of Status	0
Certified Copy	1
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112192-33

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Corporate Filing Menu

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H10000240971
SECRETARY OF STATE
DIVISION OF CORPORATION

ARTICLES OF AMENDMENT 10 NOV -5 AM 9:42
TO
ARTICLES OF ORGANIZATION
OF

CHEMRX-BOCA RATON, 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 March 8, 2007 and assigned
Florida document number L07800025809

This amendment is submitted to amend the following:

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

CNC BR, LLC

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:

New Registered Office Address:

Enter Florida street address

Florida

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

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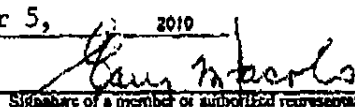
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated November 5, 2010


Signature of a member or authorized representative of a member

Gary M. Jacobs, Chief Financial Officer
Typed or printed name of signer

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Filing Fee: \$25.00

FILED - 10/05/2010 CT State Sec

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