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

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#### **WALK IN**

	PIC	CK UP: 12/21/2020
	] CERTIFIED COPY	
X	<b>РНОТОСОРУ</b>	
xx	CUS	CERTIFICATE OF STATUS
X	FILING	LLC Amendment
1.	FRIENDS PHARMACY (CORPORATE NAME AND DOC	
2.	(CORPORATE NAME AND DOC	CUMENT #)
3.	(CORPORATE NAME AND DOC	UMENT #)
4.	(CORPORATE NAME AND DOC	CUMENT #)
5.	(CORPORATE NAME AND DOC	UMENT #)
6.	(CORPORATE NAME AND DOC	CUMENT #)
SPECI INSTR	AL UCTIONS:	

Friends Ph SUBJECT:	armacy LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bhavik Patel		
		Name of Person	
		Firm/Company	
	701 S. HOWARD AVE, S	STE 106117	
		Address	
	Tampa, FL 33606		
	bpatel@tlcrx.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report n	otification)
For further information of	oncerning this matter, please c	ali:	
bhavik patel		813 748 5702	
Name o	f Person	Area Code Dayt	time Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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 Addres Registration S		Street Address: Registration S	Section
Division of C		Division of C	
P.O. Box 632	. 1	The Centre of	i i ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

# TO ARTICLES OF ORGANIZATION OF

Friends Pharmacy 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  $\frac{05/05/2008}{}$ \_ and assigne-Florida document number L08000045072 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TLCRx1 LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C" 701 S. HOWARD AVE, STE 106117 Enter new principal offices address, if applicable: Tampa, FL 33606 (Principal office address MUST BE A STREET ADDRESS) 701 S. HOWARD AVE, STE 106117 Enter new mailing address, if applicable: Tampa, FL 33606 (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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 comprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doctobeing 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 Ag

or removed from our records:

## MGR = Manager

MICIN -	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
	<del></del>		□Add
			□Remove
			□Change
			□ Add
			□Remov
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Note:	feetive date, if other than the date of filing:
f the region (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl 90th day after the record is filed.
Dated	December 8th 2020
	Signature of a member or authorized representative of a member
	Bhavik Patel
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00