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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

APR 1 9 2010

EXAMINER

COVER LETTER

TO: Registration Division of C	n Section Corporations		».		
SUBJECT:	TVPHAR	RMACIST L.L.C.			
		ted Liability Company			
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.			
Please return all corre	espondence concerning this matter	to the following:			
		Trang Bosco			
		Name of Person			
		Firm/Company			
		PO BOX 7398			
		Address			
	S	SEMINOLE, FL 33775			
		City/State and Zip Code			
	INFO) E-mail address: (@TVPHARMACIST.COM to be used for future annual report not	(fleation)		
For further information	on concerning this matter, please of	vall:			
	Trang Bosco	at (_727_)	729-9455		
Name of Person		Area Code & Dayti	729-9455 me Telephone Number		
Enclosed is a check f	or the following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS:		STREET/COU	RIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TVPHARM	IACIST L.L.C.		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	i <mark>pany as it now appea</mark> ed Liability Company)	rs on our records,)	
The Articles of Organization for this Limited Liability Comp	any were filed on	05/29/2008	and assigned
Plorida document numberL08000053484			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited I	iability company he	<u>re</u> :	
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Comp	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:			SEC.
(Principal office address MUST BE A STREET ADDRESS			\rightarrow\righ
Enter new mailing address, if applicable:			K
(Mailing address MAY BE A POST OFFICE BOX)			*** *********************************
	·		SHONS:
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		our records, enter 1	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			7
		nter Florida street ada	
	City	Florida	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 Type of Action <u>Title</u> Name <u>Address</u> DAVID M. BOSCO MGRM 841 3RD AVENUE NW ✓ Add LARGO, FL 33770_____ Remove ______ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated MARCH 29TH 2010 Signature of a member or aythorized representative of a member Trang Bosco Typed or printed name of signee

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Filing Fee: \$25.00