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COVER LETTER Registration Section TO: **Division of Corporations** SUBJECT: PINE BROOK PHARMACY 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: Jennifer L. Codding Name of Person Massey Law Group, P.A. Firm/Company PO Box 262 Address St. Petersburg, FL 33710 City/State and Zip Code jcodding@masseylawgrouppa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jennifer L. Codding Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☑ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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Tallahassee, FL 32314

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PINE BROOK PHARMACY LLC 2023 12 -1 PINE 17	
(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	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
he 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:	_
Principal office address MUST BE A STREET ADDRESS)	_
	_
Enter new mailing address, if applicable:	_
Mailing address MAY BE A POST OFFICE BOX)	_ _
3. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new regist</u> gent and/or the new registered office address here:	<u>ered</u>
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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida _

DocuSign Envelope ID: C80E98FD-FE71-4192-AEBA-C7953E809E9F in amending Authorized rerson(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>	Name	Address 23 17 7 P. 12: 1: 7	Type of Action
MGR	Ragship LLC	19107 Harbor Cove Court	
		Lutz, FL 33558	Remove
MGR	Heena Thakkar	19107 Harbor Cove Court	□Add
		Lutz, FL 33558	⊠ Remove
			□Change
MGR	Gautam Thakkar	19107 Harbor Cove Court	□Add
		Lutz, FL 33558	
			□Change
			□ Add
			□Remove
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Effective date, if other fan effective date is listed, Note: If the date inserte document's effective date	the date must be specific and in this block does no	and cannot be prior to t meet the applicab	date of filing or more the statutory filing rec	nan 90 days a	otional) fler filing.) Pursuant (this date will not b	so 605.0207 (e listed as t
e record specifies a delay rd is filed.	ed effective date, but n	ot an effective time	e, at 12:01 a.m. on th	e earlier of:	(b) The 90th day	after the
Dated		·	_·			
DocuSigned by.						
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Filing Fee: \$25.00