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Roxanne Badr Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: Second	Division of	Corporations				
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Roxanne Badr Name of Person Metro Pharmacy L.L.C. Firm/Company 12717 Cynthia Lane Address Clermont, Fl 34715 City/State and Zip Code abadr69@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Roxanne Badr Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$\frac{1}{2}\$\$\$25.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS:	The enclosed Article	s of Amendment and fee(s) are su	ubmitted for filing.			
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Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Metro Phar	rmacy L.L.C.	ويند ساسر	1	ζ.
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears	on sar records.)		`,
(A Florida Limited	Liability Company)			
THE A COLOR CONTROL OF SHIP TO		12-1-2009		
The Articles of Organization for this Limited Liability Compar	ny were filed on	12-1-2009	and assigned	
Florida document numberL09000114120				
This are a description of the College in a				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lis	ability company here:			
The new name must be distinguishable and end with the words "LinkL.C."	mited Liability Company	y," the designation	•	on
L.C.			2010 SEC	
Enter new principal offices address, if applicable:				7
(Principal office address MUST BE A STREET ADDRESS)				
Trucipai Office address MOST BE A STREET ADDRESS			4555 F	_
		· · · - · · ·		П
Enter new mailing address, if applicable:				ر
5	· · · · · ·		20 0	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
		······································		
B. If amending the registered agent and/or registered		r records, <u>enter</u>	the name of the ne	W
registered agent and/or the new registered office address he	<u>ere</u> :			
Name of New Registered Agent:				
Name of New Registered Agent.	· .			
New Registered Office Address:				
	Ente	r Florida street ac	ldress	
		, Florida _	7: 0 1	
	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

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 = Ma MGRM = N	nager Janaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Elsie Acevedo	318 West Colonial Drive Orlando, Fl 32801	Add ✓ Remove
			Add Remove
			Add Remove
	***************************************		Add Remove
			Add Remove
	<u>.</u>		Add
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessary.)
_	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Dated	March 2 ^{-el} .	2010.	
	Signature of a r	nember or authorized representative of a member Poxane Pad Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00