age 1 of 2 Division of Corporations Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BERGER SINGERMAN LLP, FT.LAUDERDALE

Account Number : 120020000154 : (954)525-9900 Phone

: (954)523-2872 Pax Number

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

Email Address:\_

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SMP PHARMACY SOLUTIONS, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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<del></del> #6	

SMP PHARMACY SOLUTIONS, LLC	~
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company were filed on December 23, 2009  Florida document number L09000121825	and assigned
This amendment is submitted to amend the following:	

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

Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	ability Company," the designation "LLC" or the abbreviation "L.L.C. 7500 NW 26th Street, Suite 101	
	Miami, Florida 33122	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	7500 NW 26th Street, Suite 101	
	Miami, Florida 33122	

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:	Brian Brito	
New Registered Office Address:	7500 NW 26th Street, Suit	
··	Ει	ter Florida street address
	Miami	, Florida 33122
	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 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.

If Changing Registered Agent, Signature of New Registered Agent

Brian Brito

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If amending Authorized Person(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>Tide</u>	Name	Address	Type of Action
AMBR	SMP Acquisition Co., Inc.	7500 NW 26th Street, Suite 101	<b>≣</b> Add
		Miami, Florida 33122	□Remove
			DChange
MGR	Brett Dethmers	6050 South Dixie Highway	⊡Add
	Miami, Florida 33143	≣Remove	
			☐ Change
			□ Add
			Remove
			□Change
			□Add
		□Remove	
			Change
		□Remove	
			☐ Change
			□Remove

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Note	ctive date, if other than the date of filing:
se rec ard is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	d Sept 09 , 2020
	Signature of a member of a member

Filing Fee: \$25.00

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