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SECRETARY OF STATE TALLAHASSEE. FLORIDA

## COVER LETTER

TO:		istration Sec ision of Corp			
cubir	cr.	Price Choic	e Pharmacy 1, LLC		
SUBJE	ær:	_	Name of Limi	ted Liability Company	
The end	closed	Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please r	return	all correspon	ndence concerning this matter t	o the following:	
			Mena Awad		
				Name of Person	
			Price Choice Pharmacy 1, I	LC	
			<del> </del>	Firm/Company	
			1851 NE 2nd Ave		
				Address	
			Miami, FL 33132		
			<del></del>	City/State and Zip Code	
			mena@hfinfusion.com		
			E-mail address: (t	o be used for future annual report notification)	
For furt	ther in	nformation co	oncerning this matter, please ca	11:	
Mena A	Awad	ŀ		407 375-8754	
-		Name o	f Person	Arda Code Daytime Telephone Number	<del></del>
Enclose	ed is a	a check for th	ne following amount:		
□ \$2:	5.00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Certified Copy (additional copy is enclosed) □ \$60.00 Filing Certificate of Certified Copy (additional copy)	f Status & py
		Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Price Choice Pharmacy 1, LLC			
(Name of the Limit	ed Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited LiFlorida document number  L11000033777	iability Company w	vere filed on 3/18/2011 and assigned	i
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name o	f the limited liabilit	ity company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."	<del></del>
Enter new principal offices address, if applic	able:		AE AE
(Principal office address MUST BE A STREE		JA	CRE
		2	NAT AAT
		6	RETARY UP
Enter new mailing address, if applicable:		AM	二二,
(Mailing address MAY BE A POST OFFICE	ROY)	<u> </u>	FLORIDA
maning duaress mai be a rost of rice		- 3	<u>@</u> r
registered agent and/or the new registered of		ice address on our records, <u>enter the name of t</u>	<u>1e new</u>
Name of New Registered Agent:			—
New Registered Office Address:	1072 S. Powerlin	<u> </u>	
		Enter Florida street address	
	Deerfield Beach	, Florida 33442  City Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:	City Zip Code	
provisions of all statutes relative to the propaccept the obligations of my position as regi	er and complete p istered agent as pr registered office a	e to act in this capacity. I further agree to comply we performance of my duties, and I am familiar with an ovided for in Chapter 605, F.S. Or, if this document ddress, I hereby confirm that the limited liability	d

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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 Type of Action Address <u>Title</u> Name<sub></sub> Mena Awad 1851 NE 2nd Ave MGR 📕 Add Miami, FL 33132 ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add □ Remove ☐ Change □ Add \_□ Remove ☐ Change \_□ Add ☐ Remove ☐ Change

. If amending any other information, enter change(s) here:	Attach additional sheets, if necessary.)
•	
	<del></del>
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	5: 42
	RID.
Effective date, if other than the date of filing:	(optional)
(If an effective date is listed, the date must be specific and cannot be prior to	o date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
Note: If the date inserted in this block does not meet the applical document's effective date on the Department of State's records.	ble statutory filing requirements, this date will not be listed as t
	Ì
the record specifies a delayed effective date, but not  The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier of:
Dated January 11 2018	
ASMO, UC	
Signature of a member of author	rized representative of a member
Mona Awar	a
	I name of signee
Dogo	2

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Filing Fee: \$25.00