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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	<u>``</u>	Î
	South Florida Ph (Name of the Limited Liability Compa (A Florida Limited)	armacy SERVICES, UC
	(A Florida Limited	Liability Company)
The A Flo <del>ri</del> d	rticles of Organization for this Limited Liability Company a document number <u>L 1100007755</u> 4	
This æ	mendment is submitted to amend the following:	要
A. If	amending name, <u>enter the new name of the limited lia</u>	bility company here:
The ne	w name must be distinguishable and end with the words "Lin."	ited Liability Company," the designation "LLC" or the abbreviation
Enter	new principal offices address, if applicable:	
(Prine	ipal office address MUST BE A STREET ADDRESS	
	new mailing address, if applicable: ing address MAY BE A POST OFFICE BOX)	
	amending the registered agent and/or registered e ered agent and/or the new registered office address he	ffice address on our records, enter the name of the new
	Name of New Registered Agent:  New Registered Office Address:  1175	N. DKEECHOBEE RD #5
	Hal	City Florida Zip Code
New J	Registered Agent's Signature, if changing Registered Agen	
the pr accep being	vovisions of all statutes relative to the proper and com to the obligations of my position as registered agent at filed to merely reflect a change in the registered offic any has been notified in writing of this change.	Duling Ras
	If Ch	anging Registered Agent, Signature of New Registered Agent

Page 1 of 2 H 1 2 0 0 0 2 2 4 0 2 2

## HILUUVLETULL

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 MGR	Manager f = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Arâ
			Add Remove
			Add
			Add Remove
			Add ☐Remove
_			AddRemove
D. If	change AVLIN	nge(s) here: (Attach additional sheets DULZAIDES	i, if necessary.) TO "MGRM"
	1475' W	OKEECHOBEE !	<del>2</del> 0
	Hialeah	FL 33010	
Dated	September 11,2	012.	<u> </u>
	Signature of a mem	per or authorized representative of a mem	aber
	Тур	ped or printed name of signee Page 2 of 2	
1		Filing Fee: \$25.00	
	Н 1	2000224022	