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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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18 FEB 28 PH 3: 43
SECRETARY OF STATE
ALL AHASSEF FLORIDA

K. SALY FEB 28 2018

COVER LETTER

Divisi	ion of Corpo	orations			
	EVO FOR LIFE, LLC				
SUBJECT		Name of Limi	ted Liability Company	······································	
The enclosed A	Articles of A	mendment and fee(s) are subm	nutted for filing.		
Please return a	Ш соптевроп	dence concerning this maner t	to the following:		
		Paul Franck			
			Name of Person		
			Firm/Company		
		2324 SE 15th St.			
			Address		
		Ocala, FL 34471			
			City/State and Zip Code		
		pfranckrph@gmail.com			
		E-mail address: (t	o be used for future annual report notific	ation)	
For further inf	ormation cor	ncerning this matter, please ca	dl:		
Paul Franck			352 427-6609		
	Name of I	Person	at ()	Ciephone Number	
Enclosed is a c	heck for the	following amount:			
□ \$25.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Registration Section

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

EVO FOR LIFE, LLC		
(<u>Name of the Limited Liabi</u> (A Flori	tity Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability		and assigned
Florida document number 46-0600635 L/200	0088847	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
PATHWAY PHARMACY, LLC		
The new name must be distinguishable and contain the words "Li	inited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADE	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
		, Florida
	City:	Zıp 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

18 FEB 28 PN 3 43

SECRETARY OF STATE
FALLAHASSEE, FLORIDA

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
Ms	Maggie Bartlett	5509 SW 108th St	■ Add
AMBR	-	Ocala, FL 34476	☐ Remove
			Change
Ms	Dana Yow	2935 NE 7th St	
AMBR	•	Ocala, FL 34470	☐ Remove
			☐ Change
			Add
			□ Remove
			Change
	180.4 Sh. 191.4.		🗀 Add
			☐ Remove
			□ Change
			□ Add
		,	□ Remove
			☐ Change
			Add
			□ Remove

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TALLAHASSEE, FLORIDA

Page 2 of 3

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vot	tive date, if other than the date of filing; (optional)	
t'an ef	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0	207 (3)(b)
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.	as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	of:
ie re-	e 90th day after the record is filed.	
ne re The		
ne re The	Fahrung 26 2019	
ne re The Dated	d February 26 , 2018	
The	February 26 , 2018	
The	Signature of a member or a member of a member	

Page 3 of 3

Filing Fee: \$25.00