

42000093152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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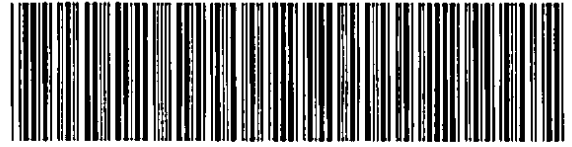
(Business Entity Name)

(Document Number)

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JAN 31 2018  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Pasteon Pharmacy V, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth Mantinez

Name of Person

Easyscripts Westchester LLC

Firm/Company

3250 May St. #400

Address

Coconut Grove, FL. 33133

City/State and Zip Code

Elizabeth.Mantinez@Deliverynetworkllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Mantinez

Name of Person

at (305)

Area Code

448-8100 Ext #420

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing 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

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

Pasteon Pharmacy II, LLC.  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/18/2012 and assigned  
Florida document number L12000093152

This amendment is submitted to amend the following:

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

Easyscripts Westcheston, LLC.  
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3250 Mary St. #400  
Cocoa Grove, FL 33133

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Same

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

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.

N/A

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>CEO</u>	<u>RON Schutzen</u>	<u>3250 Mang St. #400</u>	<input checked="" type="checkbox"/> Add
		<u>Coconut Grove, FL 33133</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>CFO</u>	<u>CLAUDE Chevance</u>	<u>3250 Mang St. #400</u>	<input checked="" type="checkbox"/> Add
		<u>Coconut Grove, FL 33133</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>COO</u>	<u>Scott Griesemen</u>	<u>3250 Mang St. #400</u>	<input checked="" type="checkbox"/> Add
		<u>Coconut Grove, FL 33133</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>CAO</u>	<u>Gale Lam</u>		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Dri</u>	<u>Peter Francis</u>		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Dri</u>	<u>Dannon Black</u>		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective 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 605.0207 (3)(b)

If the record 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 record is filed.

1/23/18

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Typed or printed name of signee