## L12000 108/17

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE
ALL SHAREF, FI ORIDA

## **COVER LETTER**

TO:	Registration Se Division of Cor			
CTID II	Eagle Ph	armacy, LLC		
SUBJI	EC1:	Name of Lim	ited Liability Company	<u>.</u>
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Sandy Lovern		
			Name of Person	
		WellDyne, Inc.		
			Firm/Company	
		500 Eagles Landing	Drive	
		Address		
		Lakeland, Florida 33	3801	
			City/State and Zip Code	
		administration@wello	lyne.com to be used for future annual report notifi	oction)
For fur	ther information co	oncerning this matter, please c	·	cations
Sand	ly Lovern		at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
\$2:	5.00 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

Eagle Pharmacy, LLC		SECRETARIAN TO
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.)	Harrier Land
The Articles of Organization for this Limited Liability Company Florida document number L12000108117		Pand assigned
This amendment is submitted to amend the following:		7>
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	orbity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	350 Eagles Landing Drive	
(Principal office address MUST BE A STREET ADDRESS)	Lakeland, Florida 33810	
Enter new mailing address, if applicable:	500 Eagles Landing Drive	
(Mailing address MAY BE A POST OFFICE BOX)	Lakeland, Florida 33810	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:  New Registered Office Address:		ter the name of the new
	, Florida	
	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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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II amen	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	<u> </u>
_	
Effectiv (The effective the date to	te date, if other than the date of filing:
Dated _	March 2015 March 2015 March 2015 March 2015
	Signature of a member or authorized representative of a member
	James M. Jordan
	Typed or printed name of signee

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Filing Fee: \$25.00

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