

11/10/2020

Division of Corporations

H20000389125 3

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-0821  
Fax Number : (850)558-1515

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
EAGLE PHARMACY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2020 NOV 10 AM 10:17

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2020 NOV 10 AM 11:26

Electronic Filing Menu

Corporate Filing Menu

Help

H20000389125 3

## COVER LETTER

H20000389125 3

TO: Registration Section  
Division of Corporations

SUBJECT: Eagle Pharmacy, 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:

John C. Petrolino

Name of Person

J. Knipper and Company, Inc.

Firm/Company

270 Davidson Avenue

Address

Somerset, NJ 08873

City/State and Zip Code

john.petrolino@knipper.com

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

For further information concerning this matter, please call:

Rebecca Ware

615 259-6579  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount.

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

Mailing Address:

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

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

H20000389125 3

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

H20000389125 3

Eagle Pharmacy, 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 August 22, 2012 and assigned  
Florida document number L12000108117.

This amendment is submitted to amend the following:

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

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)

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:

Name of New Registered Agent:

Corporation Service Company

New Registered Office Address:

1201 Hays Street

*Enter Florida street address*

Tallahassee

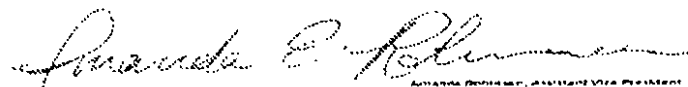
*City*

Florida 32301

*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.*

  
Amanda E. Blum, Assistant Vice President

If Changing Registered Agent, Signature of New Registered Agent

H20000389125 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:

H20000389125 3

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Mimi Davis	350 Eagles Landing Drive	<input type="checkbox"/> Add
		Lakeland, FL 33810	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michael Laferrera	One Healthcare Way	<input type="checkbox"/> Add
		Lakewood, NJ 08701	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Frank McNicholas	One Healthcare Way	<input type="checkbox"/> Add
		Lakewood, NJ 08701	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H20000389125 3

-20000389125 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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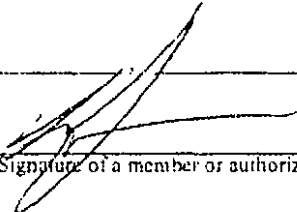
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(if an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated November 9, 2020

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

JKC Buyer, Inc., a Delaware corporation by: Michael LaFerrera, president

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

-20000389125 3