# L12000108117

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#### (850) 656-4724 3458 lakesore Drive Tallahassee, FL 32312

D	ate:	02/13/2025	- 4: DW
		Acc#I20160000072	4: ( ) = V
Name:	EAGLE PHAI	RMACY, LLC	<u> </u>
Document #:			
Order #:	16151777		
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Thank you!

#### **COVER LETTER**

Division of Cor			
Eagle Phan	macy, LLC		
SUBJECT:	Name of Lim	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Michael Laferrera		
		Name of Person	
	Eagle Pharmacy, LLC		
		Firm/Company	
	350 Eagles Landing Drive		
		Address	
	Lakeland, FL 33810		
		City/State and Zip Code	
	michael.laferrera@knipper.	com to be used for future annual repor	
			nonneation)
For further information c	oncerning this matter, please co	all:	
Michael Laferrera		732 364-85 at ()	
Name o	f Person	Area Code D	aytime Telephone Number
Enclosed is a check for t	he following amount:		
5 25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of C	Section Corporations		n Section Corporations
P.O. Box 632	27	The Centre	of Tallahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2025 FEB 13 AM 9: 49

EAGLE PHA	RMACY, LLC
(Name of the Limited Liability Compar (A Florida Limited L	RMACY, LLC  y as it now appears on our records.) lability Company)  ALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company  Florida document number L12000108117	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty 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:	350 Eagles Landing Drive
(Mailing address MAY BE A POST OFFICE BOX)	Lakeland, FL 33810
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and brownided for in Chapter 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
MGR	Frank McNicholas	Eagle Pharmacy, LLC	□ Add
		350 Eagles Landing Drive	≣Remove
		Lakeland, FL 33810	Change
MGR	Todd Phillips	Eagle Pharmacy, LLC	■Add
		350 Eagles Landing Drive	□Remove
		Lakeland, FL 33810	
			□Add
			□Remove
			□Change
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'an effecti Sot <u>e:</u> If t	date, if other the ive date is listed, the the date inserted in t's effective date o	date must be specifi this block does t	e and cannot be pri not meet the appl	icable statutory	or more than 90 da	(optional) ws after filing.) P nts. this date w	ursuant to 60	5.0207 sted as
record s	pecifies a delayed	effective date, bu	t not an effective	time, at 12:01 a	a.m. on the earlie	r of: (b) The S	90th day aft	er the
	February 13		. 2025					
Dated		— DocuSigned	d by:					

Filing Fee: \$25.00