

Division of Corporations

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Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L12000128308

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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To:

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

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (850) 222-1092
 Fax Number : (850) 878-5368

16 NOV - 7 AM 11:03

 RECEIVED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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

Email Address: _____

 RECEIVED
 14 NOV - 7 AM 10:00
 DIVISION OF CORPORATIONS
 BUREAU OF COMMERCIAL
 INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WELLNESS RX TAMPA LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

 NOV 10 2014
 J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wellness Rx Tampa 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:

Heather Papaleo

Name of Person

Wellness Rx Tampa LLC

Firm/Company

3000 Two Logan Square

Address

Philadelphia, PA 19103

City/State and Zip Code

papaleoh@pepperlaw.com

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

For further information concerning this matter, please call:

Heather Papaleo

at (215) 981-4787

Name of Person

Area Code

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**

Wellness Rx Tampa 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 October 8, 2012 and assigned
Florida document number L12000128308.

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 end with 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:

CT Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

Florida 33324

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.

Sharon R. Kresz
If Changing Registered Agent, Signature of New Registered Agent

Sharon R. Kresz

Assistant Secretary

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 = Manager
AMBR = Authorized Member

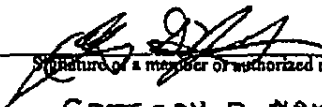
| Title | Name | Address | Type of Action |
|-------|----------------------------------|--------------------------------|--|
| P | Nilo Sierra | 7640 NW 25th Street, Suite 105 | <input type="checkbox"/> Add |
| | | Miami, FL 33122 | <input checked="" type="checkbox"/> Remove |
| CFOD | Antonio Donadi | 7640 NW 25th Street, Suite 105 | <input type="checkbox"/> Add |
| | | Miami, FL 33122 | <input checked="" type="checkbox"/> Remove |
| AMBR | Joint Venture Pharmacy FL-03, LL | 2815 Palm Harbor Boulevard | <input checked="" type="checkbox"/> Add |
| | | Palm Harbor, FL 34683 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Remove |

11/7/2014 11:52:41
SUBMITTER'S DIVISION
11/7/2014 7:11:03

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated november 7, 2014 , 2014 .



Signature of a member or authorized representative of a member
GREGORY D. NAKAGAWA

Typed or printed name of signer

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Filing Fee: \$25.00

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11/7/2014 11:52:41 AM