## #4/3000082172

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DATE:

8/10/15

NAME:

TRINITY SPECIALTY PHARMACY, LLC

TYPE OF FILING: AMENDMENT

COST:

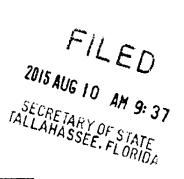
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**AUTHORIZATION: ABBIE/PAUL HODGE** 

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Trinity Specialty Pharmacy, LLC

(Name of the Limited Liability Company as it now appears an our records.)

(A Florida Limited Liability Company)

of Organization for this Limited Liability Company were filed on 06/06/2013

The Articles of Organization for this Limited L Florida document number L13000082172		were filed on 06/06/2013	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabl	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli-	cable:		
(Principal office address MUST BE A STRE	STADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6300 Bridgepoint Parkwa	ry, Building III, Suite 200
B. If amending the registered agent and registered agent and/or the new registered of	•		cords, enter the name of the new
Name of New Registered Agent:	Capitol Corporate Services, Inc.		
New Registered Office Address:	155 Office Pla	za Dr, Ste A	
The state of the s		Enter Florida street d	xidress .
	Tallahassee		_, Florida <u>32301</u>
		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 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>	Address	Type of Action
MGRM	Krutika Patel	19103 Avenue Bayonnes	Add
		Lutz, FL 33558	■ Remove
		<del></del>	□ Change
MGR	Jayant Raval	18730 Wimbledon Circle	Add
		Lutz, FL 33558	■ Remove
			☐ Change
MGR	Mark Gerenger	52 Riley Road, Unit 155	
		Celebration, FL 34747	■ Remove
			□ Change
MGR	RSVP Rx, LLC	6300 Bridgepoint Parkway	■ Add
		Building III, Suite 200	□ Remove
		Austin, TX 78730	
			2015 AUG 10  BEALL AND ASSE
			□ Romove
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			☐ Remove
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fan effect <u>Note:</u> If	e date, if other than the date of filing:  ive date is listed, the date must be specific and cannot be prior to date the date inserted in this block does not meet the applicable state's effective date on the Department of State's records.	of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
	rd specifies a delayed effective date, but not an e Oth day after the record is filed.	effective time, at 12:01 a.m. on the earlier of:
ated	AUGUST 10 , 2015	
	Signature of a member or authorized re	epresentative of a member
	1	

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