613000172671

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ACCOUNT NO. : 12000000195 REFERENCE: 290449 4369500 AUTHORIZATION COST LIMIT ORDER DATE: September 9, 2014 ORDER TIME : 5:12 PM ORDER NO. : 290449-015 CUSTOMER NO: 4369500 DOMESTIC AMENDMENT FILING NAME: HMX HOLLYWOOD LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Courtney Williams -- EXT# 62935

COVER LETTER

TO: Registration Section Division of Corpora	
SUBJECT: HMX H	ollywood LLC
	Name of Limited Liability Company
The enclosed Articles of Ame	endment and fee(s) are submitted for filing.
Please return all corresponder	ace concerning this matter to the following:
	Lynn Swanson
	Name of Person
	HM Compounding Services LLC
-	Firm/Company
(6751 North Federal Highway, Suite 101
	Address
	Boca Raton, Florida 33487
	City/State and Zip Code
L	ynnS@hmcompound.com
	E-mail address: (to be used for future annual report notification)
For further information conce	rning this matter, please call:
Lynn Swanso	n _{at} 561, 404-8895
Name of Pers	Area Code Daytime Telephone Number

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

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

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HMX Hollywood LLC				_
(Name of the Limi	ted Liability Compa (A Florida Limited)	nny as it now appears o Liability Company)	<u>в our records.</u>)	
The Articles of Organization for this Limited L Florida document number L13000172671	·•	were filed on 12/1	3/2013 and a	assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here	:	
The new name must be distinguishable and end with the	words "Limited Liab	pility Company," the des	ignation "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applic	cable:	6751 North Fe	ederal Highway, #101	
(Principal office address MUST BE A STREE	ET ADDRESS)	Boca Raton, F	Florida 33487	
Enter new mailing address, if applicable: "Mailing address MAY BE A POST OFFICE	POY:	6751 North Fe	ederal Highway, #101	
WHAT BE A TOST OF THE	<u>DOAJ</u>			
B. If amending the registered agent and registered agent and/or the new registered o			ur records, enter the nam	e of the ne
Name of New Registered Agent:	Corporation	Service Compa	any	
New Registered Office Address:	1201 Hays	Street		
	·····	Enter Florida	street address	
	Tallahasse	e	, Florida 32301	
		City	Zip Cod	le .

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

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Authorized Me	ember being added or removed from o	ur records:	
MGR = Man AMBR = Auti	ager norized Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Spencer J Malkin		🗆 Add
			■ Remove
MGRM	Alex Chervinsky		□ Add
			■ Remove
AMBR	HMCS Pharmacy Holdings, LLC	6751 North Federal Highway	A dd
		Suite 101	_□ Remove
		Boca Raton, Florida 33487	·
			_□ Add
			_□ Remove
			□ Add
			_□ Remove
			_ _□ Add
			_□ Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

_	····		
			<u> </u>
	· · · · · · · · · · · · · · · · · · ·		
_		· •••	
(The offer	ve date, if other than the da ctive date must be specific, cannot be this document is filed by the Florid	be prior to date of receipt or filed date and cannot b	(optional) e more than 90 days after
(The offer	ctive date must be specific, cannot b	be prior to date of receipt or filed date and cannot b	
(The offer the date	ctive date must be specific, cannot be this document is filed by the Florid	be prior to date of receipt or filed date and cannot be da Department of State)	
(The offer the date	ctive date must be specific, cannot be this document is filed by the Florid September 9	be prior to date of receipt or filed date and cannot be da Department of State)	e more than 90 days after

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Filing Fee: \$25.00