1400087674

| (Re | questor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



500304443975

10/16/17--01004--007 **25.00



D SCOTT OCT 18 23/

COVER LETTER

| | Registration Sect Division of Corpo | | | |
|-------------|--|---|--|--|
| SUBJEC | Г: | Pharma Name of Lim | 1 LLC ited Liability Company | |
| The enclo | sed Articles of A | mendment and fee(s) are sub | mitted for filing. | |
| Please reti | urn all correspond | lence concerning this matter | to the following: | |
| | | | Name of Person Pitter Grup Firm/Company | |
| | | | Address Land FZ 3: City/State and Zip Code CC vm coli Cal II Code o be used for future annual report not | |
| | | all Souce | City/State and Zip Code CC v Col Col C | Bamail. Long |
| For further | r information con- | cerning this matter, please ca | | -1 |
| | Name of P | Pitter erson | at (<u>954</u>) <u>903 - 8</u> Area Code Daytin | • |
| Enclosed is | s a check for the | following amount: | | ഗ |
| □ \$25.00 | Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Fiting 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

| Pharm | a 1 lec | |
|--|--|----------------------|
| (<u>Name of the Limited Liability Compan</u> (A Florida Limited Li | y as it now appears on our records.) ability Company) | |
| The Articles of Organization for this Limited Liability Company villorida document number <u>L1400087674</u> . | / | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | |
| Allsource Medical | LLC | |
| The new name must be distinguishable and contain the words "Limited Liabili | y Company," the designation "LLC" or the al | bbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | Ste III Fort Landerdale | FL 333Ug |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | Same as a | above |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | | the name of the new |
| Name of New Registered Agent: | | <u> </u> |
| New Registered Office Address: | | |
| | Enter Florida street address | υ ⁻ · • |
| | , Florida | <u> </u> |
| | City | -Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | • | ~ (n |

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 = A | Authorized Member | | |
|--------------|-------------------|---------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | |
| | | | □ Remove |
| | | | Change |
| | | | |
| | | | ☐ Remove |
| | | | Change |
| | | | |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | |
| | | | Remove |
| | | | ☐ Change |
| | | | □ Add |
| | | | G:□ Remove |
| | | | Change |
| | | | |
| | | | ☐ Remove |
| | | | _□ Change |

| D. If ame | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---------------------------|---|
| - | |
| - | |
| - | |
| - | |
| - | |
| | |
| | |
| - | |
| - | |
| - | |
| - | |
| | |
| | |
| • | |
| E. Effect | tive date, if other than the date of filing: (optional) |
| (If an ef <u>Note:</u> | Tective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. |
| If the re (b) The | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed. |
| Dated | 10/9/17 |
| | Signature of a member or authorized representative of a member |
| | Signature of a minory of a member of a member |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00