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 : (850)617-6383 Fax Number From: Account Name : C T CORPORATION SYSTEM Account Number : FCA800000023 Phone : (614)280-3338 : (954)208-0845 Fax Number \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address:\_ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RX HELPLINE LLC Certificate of Status 0 Certified Copy 03 Page Count \$55.00 Estimated Charge

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RxHelplineLLC		
( <u>Name of the Limited Liablii</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number $\frac{1.14000115934}{1.14000115934}$	Company were filed on 7/23/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	sited Liability Company," the designation "ELC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
		<u> </u>
		ें: 67
Enter new mailing address, if applicable:		2
(Mailing address MAY BE A POST OFFICE BOX)		1
		<u>=</u>
		<u>=</u>
B. If amending the registered agent and/or registered agent and/or the new registered office ado	stered office address on our records. dress here:	enter the <del>dame of the ney</del>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	
	City	ZipCode

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>	Name	Address	Type of Action
MGR RobertGregg	7551WilesRoad.Stc.106		
		CoralSprings,FL33067	□ Remove
			Change
MEM HealthPlanIntermediaries Holdings, LLC		15438N.FloridaAve.,Ste 201	□ Add
	Tampa,FL33613		
			☐ Change
		Add	
		☐ Remove	
			Change
		Add	
		□ Remove	
		☐ Change	
		□ Remove	
		☐ Change	
		☐ Remove	
		Change	

If am	sending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
Note	ctive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to dute of filing or more than 90 days after filing.) Pursuant to 605.0207 (  E: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to ament's effective date on the Department of State's records.
the r	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.
Date	August 2! 2020
5410	Signature of a member of authorized representative of a member
	V
	Erik Helding  Typed or printed name of Signer

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Filing Fee: \$25.00