

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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

From: Account Name : ALLEN DELL, P.A.  
 Account Number : 120040000136  
 Phone : (813)223-5351  
 Fax Number : (813)229-6682

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

Email Address: ftrotman@trinitypharmagroup.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 CUSTOM PET RX, LLC

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From:

01/06/2016 16:03 #368 P.002/006

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CUSTOM PET RX, 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:

JOSEPH RUGG

Name of Person

ALLEN DELL, P.A.

Firm/Company

202 SOUTH ROME AVENUE, SUITE 100

Address

TAMPA, FL 33606

City/State and Zip Code

jrugg@allendell.com

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

For further information concerning this matter, please call:

JOSEPH RUGG

813

769-3941

at ( )

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

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From:

01/06/2016 16:03 #368 P.003/006

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CUSTOM PET RX, 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 09/19/2014 and assigned  
Florida document number L14000147671.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

CUSTOM CARE PHARMACY, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

NOT APPLICABLE

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NOT 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:

NOT APPLICABLE

New Registered Office Address:

Enter Florida street address

Florida

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

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each person being added

**AMBR = Authorized Member**

<input type="checkbox"/>	Remove
<input type="checkbox"/>	16 JAN 15
<input type="checkbox"/>	Change
<input type="checkbox"/>	AFH: 03
<input type="checkbox"/>	Remove

01/06/2016 16:04 #368 P.005/005  
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onal sheets, if necessary.)

NOT APPLICABLE

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Dated JANUARY 5, 2016

Signature of a member or authorized representative of a member

JOSEPH RUGG, AUTHORIZED REPRESENTATIVE OF A MEMBER

Typed or printed name of signee