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COVER LETTER

TO:

Registration Section Division of Corporations

	armacy FL 2 LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Frank Pomarico		
		Name of Person	
	Benzer Pharmacy		ı
		Firm Company	1
	5908 Breckenridge Parkwa	ay	
		Address	
	Tampa, FL 33610		
	•	City State and Zip Code	
	fpomarico@ benzerpharmac		
	L-mail address (to be used for future annual report not	(lication)
For further information	concerning this matter, please c	all:	
Frank Pomarico		813 304-2221 x	
Name	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for (he 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)
Regist Divisi P.O. F	JNG ADDRESS: ration Section on of Corporations Box 6327 ussee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Control Tallahassee, FL 3.	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Benzei Pharmacy FL 24.1.C (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 $\frac{02\cdot12.15}{2}$ _ and assigned Florida document number _____LE500026626 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if 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: New Registered Office Address: Enter Florida street address , Florida City 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage..<u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Benzer Pharmacy Holding LLC	5908 Breckenridge Parkway	
		Tampa, FL 33610	■ Remove
			Change
MGR	AGR Alpesh Patel	5908 Breckenridge Parkway	□ ¹ Add
	Tampa, FL 33610	□ Remove	
			□ Change
MGR	Manish Patel	5908 Breckenridge Parkway	■ Add
		Tampa, F1, 33610	Remove
			Change
AMBR	Benzer Pharmacy Holding LLC	5008 Breckenridge Parkway	Add
	Tampa, FL 33610	Remove	
		☐ Change	
		Add	
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		□ Change	
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ective date, if other than the effective date is listed, the date most et li the date inserted in this blument's effective date on the De	ock does not meet the ap epartment of State's reco	oplicable statutory ords.	filing requirement	s, this date will not	be listed as the
record specifies a delayed he 90th day after the reco		i not an effect	ive time, at 12	or a.m. on the	e earlier of:
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ed	Signature of Al	Desh Pa	le l		2817_11614-3-