

04/30/2015 11:32 FAX 9417452093

BLALOCK WALTERS

001/004

Division of Corporations

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LP500051722

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6183

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.
Account Number : 07666603611
Phone : (941) 748-0100
Fax Number : (941) 745-2093

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

Email Address: epennington@blalockwalters.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TD PHARMACY, LLC

Certificate of Status	0
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Corporate Filing Menu

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15 APR 30 PM 10:00
DIVISION OF CORPORATIONS
INFORMATION SERVICES

MAY 01 2015
S. YOUNG

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15 APR 30 PM 12:18
DIVISION OF CORPORATIONS
INFORMATION SERVICES

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

TD Pharmacy, 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 04/01/2015 and assigned Florida document number L15000057722.

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 end with 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

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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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Robert Cimorelli	11880 28th St. N	<input type="checkbox"/> Add
		St. Petersburg, FL 33716	<input checked="" type="checkbox"/> Remove
MGR	Marc L. Kerlin	11880 28th St. N	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33716	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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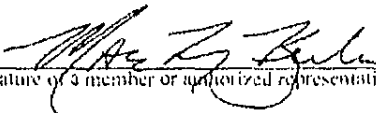
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 20 2015


Signature of a member or authorized representative of a member

Marc L. Kerlin

Typed or printed name of signee

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