

L150000 94310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

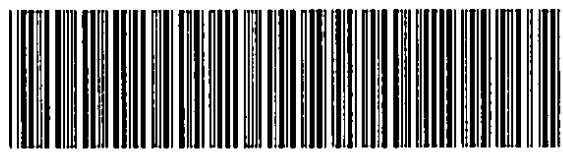
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2010 SEP -1 A 10 7b  
SOLICITORS OF COURSE  
FILLMORE, CALIF.

OCT 13 2010  
T. LEVINEUX

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: LTC PHARMA HLDG. L.L.C.

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:

Robert Berman

Name of Person

Rosenberg Martin Greenberg, LLP

Firm/Company

25 South Charles Street, 21st Floor

Address

Baltimore, MD 21201

City/State and Zip Code

rberman@rosenbergmartin.com

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

For further information concerning this matter, please call:

Robert Berman

410

649-1244

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED

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(A Florida Limited Liability Company)

May 29, 2015

**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."

2900 NW 60th Street

Fort Lauderdale, Florida

33309

2900 NW 60th Street

Fort Lauderdale, Florida

33309

Enter Florida street address

**, Florida**

*Civ*

---

*Zip Code*

*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**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	David Ramirez	2900 NW 60TH ST.	<input checked="" type="checkbox"/> Add
		FT LAUD, FL 33309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Daniel Garbut	2900 NW 60TH ST.	<input checked="" type="checkbox"/> Add
		FT LAUD, FL 33309	<input type="checkbox"/> Remove
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[illegible]

(If an effective 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)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 28, 2020

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

David Rombro

Typed or printed name of signee

**Filing Fee: \$25.00**

**WRITTEN CONSENT  
OF THE SOLE MEMBER  
OF  
LTC PHARMA HLDG, L.L.C**

August 28, 2020

The undersigned, being the sole member of LTC Pharma HLDG, L.L.C (the "**Company**"), acting by written consent hereby consents to the adoption of the following resolutions:

**WHEREAS**, the member has determined it to be in the best interest of the Company to change the name of the Company from LTC Pharma HLDG, L.L.C to Polaris Pharmacy Services of Ft. Lauderdale, LLC;

**RESOLVED**, that the Company shall file Articles of Amendment to Articles of Organization with the Division of Corporations of the Florida Department of State to reflect the change in the name of the Company from LTC Pharma HLDG, L.L.C to Polaris Pharmacy Services of Ft. Lauderdale, LLC; and

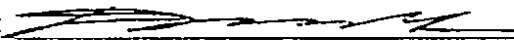
**FURTHER RESOLVED**, that the sole member of the Company shall execute a Second Amendment to the Operating Agreement of the Company to reflect the change in the name of the Company; and

**FURTHER RESOLVED**, that the sole member of the Company, and any manager of the Company, be, and each of them hereby is, authorized to execute, deliver and file any other documents on behalf of the Company to reflect the change in the name of the Company.

IN WITNESS WHEREOF, the undersigned has executed and delivered this Written Consent as of the day and year first above written.

**SOLE MEMBER:**

Polaris Pharmacy Services, LLC

By:  (SEAL)

David W. Rombro, Manager

**SECOND AMENDMENT TO LIMITED LIABILITY COMPANY AGREEMENT  
OF  
LTC PHARMA HLDG, L.L.C.**

**THIS SECOND AMENDMENT TO LIMITED LIABILITY COMPANY AGREEMENT** (this "Second Amendment") is made this 28 day of August, 2020, by **POLARIS PHARMACY SERVICES, LLC**, a Florida limited liability company ("Member"), the sole member of LTC Pharma HLDG, L.L.C. (the "Company").

**RECITALS:**

WHEREAS, the Company was formed by filing of Articles of Organization with the Secretary of State of the State of Florida on May 29, 2015. The Company is governed by the terms of an Operating Agreement dated May 29, 2015 (the "Original Operating Agreement"), as amended by that certain First Amendment to Limited Liability Company Agreement of the Company (the "First Amendment," and together with the Original Operating Agreement, the "Existing Operating Agreement");

WHEREAS, the terms of the Existing Operating Agreement are incorporated herein by reference;

WHEREAS, the Member has filed or shall cause to be filed the Articles of Amendment to Articles of Organization of the Company with the Florida Department of State to reflect the change of the Company's name, as more fully set forth below; and

WHEREAS, the Member desires to amend the Operating Agreement to reflect the change of the Company's name from LTC Pharma HLDG, L.L.C. to Polaris Pharmacy Services of Ft. Lauderdale, LLC, as more particularly set forth below.

NOW, THEREFORE, in consideration of the mutual promises herein contained, the Member, intending to be legally bound, agrees as follows:

1. Defined Terms. Unless otherwise defined herein or unless the context requires a contrary meaning, all capitalized terms in this Second Amendment shall have the meanings ascribed to them in the Existing Operating Agreement.

2. Amendment of Existing Operating Agreement.

All references in the Operating Agreement to LTC Pharma Hldg, L.L.C. as the Company are hereby deleted and replaced with a reference to Polaris Pharmacy Services of Ft. Lauderdale, LLC.

3. Continuation of Agreement. Except as specifically set forth herein, the Existing Operating Agreement is hereby ratified and affirmed.



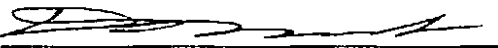
4. Conflicting Terms. Wherever the terms and conditions of this Second Amendment and the terms and conditions of the Existing Operating Agreement conflict, the terms of this Second Amendment shall be deemed to supersede the conflicting terms of the Existing Operating Agreement.

5. Counterparts. This Second Amendment may be executed in one or more counterparts, each of which shall be deemed an original, but all of which shall constitute one and the same document.

[signature page follows]

IN WITNESS WHEREOF, the Member has executed this Second Amendment as of the day and year first above written.

Polaris Pharmacy Services, LLC

By:  (SEAL)  
David W. Rombro, Manager

# APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. Fictitious Name to be Registered (See instructions if name includes a business entity suffix or indicator)

2. Mailing Address of Business

City State Zip Code

3. Florida County of principal place of business:

(See instructions if more than one county)

4. FEI Number:

This space is for office use only  
CR4E001 (6/17)

Section 2

## A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary)

1. Last First MI 2. Last First MI

Address

Address

City State Zip Code

City State Zip Code

## B. Owner(s) of Fictitious Name If Owner(s): (Use an attachment if necessary)

2. Entity Name 2. Entity Name

Address

Address

City State Zip Code

City State Zip Code

Florida Document Number:

FEI Number:

☐ Applied For

☐ Not Applicable

☐ Applied For

☐ Not Applicable

Section 3

I, the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Owner in Section 1

Date

Email Address: (to be used for future renewal notification)

Phone Number:

Section 4

## FOR CANCELLATION COMPLETE SECTION 4 ONLY:

## FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we), the undersigned, hereby cancel the fictitious name RXPERS OF HOLLYWOOD  
which was registered on 7/9/2015 and was assigned registration number G15000071530



Signature of Owner of Registration being Cancelled

Date

Signature of Owner of Registration being Cancelled

Date

Mark the applicable boxes



Certificate of Status- \$10



Certified Copy- \$30

NON-REFUNDABLE PROCESSING FEE: \$50

## Instructions for Completing Application for Registration of Fictitious Name

- Section 1:** **Line 1:** Enter the exact name you wish to register. NOTE: Pursuant to s. 865.09 (14), F.S., a fictitious name may not contain a business entity suffix or indicator (i.e. Corporation, Incorporated, Limited Liability Company, Limited Partnership, Professional Association, Corp., L.L.C., L.P., P.A., etc.) unless at least one registrant is a business entity of the same type duly incorporated, organized, formed, or otherwise authorized to transact business in this state.
- Line 2:** Enter the mailing address of the business. This address does not have to be the principal place of business and can be directed to anyone's attention. DO NOT USE AN ADDRESS THAT IS NOT YET OCCUPIED. ALL FUTURE MAILINGS AND ANY CERTIFICATION REQUESTED ON THIS REGISTRATION FORM WILL BE SENT TO THE ADDRESS IN SECTION 1. An address may be changed at any future date with no charge by simply writing the Division.
- Line 3:** Enter the name of the county in Florida where the principal place of business of the fictitious name is located. If there is more than one county, list all applicable counties or state "multiple."
- Line 4:** Enter the Federal Employer Identification (FEI) number if known or if applicable. Please do not enter your social security number.
- Section 2:** **Part A:** Complete if the owner(s) of the fictitious name are individuals. The individual's name and address must be provided.
- Part B:** Complete if the owner(s) are not individuals. Examples are a corporation, limited partnership, joint venture, general partnership, trusts, fictitious name, etc. Provide the name of the owner, their address, their document number as registered with the Division of Corporations, and the Federal Employer Identification (FEI) number. An FEI number must be provided or the appropriate box must be checked.
- Owners listed in Part B must be registered with the Division of Corporations or provide documentation as to why they are not required to register. Examples would be Federally Chartered Corporations, or Legislatively created entities.
- Additional owners may be listed on an attached page as long as all of the information requested in Part A or Part B is provided.
- Section 3:** Signature of the owner is required. It is preferred that a daytime phone number be provided in order to contact the applicant if there are any questions about the application.
- Section 4:** **TO CANCEL A REGISTRATION ON FILE:** Provide fictitious name, date filed, and registration number of the fictitious name to be cancelled. An owner's signature is required for cancellation.
- TO CHANGE OWNERSHIP OF A REGISTRATION:** Complete section 4 to cancel the original registration. Complete sections 1 through 3 to re-register the fictitious name listing the new owner(s). An owner's signature is required in both sections 3 and 4.
- TO CHANGE THE NAME OF A REGISTRATION:** Complete section 4 to cancel the original registration. Complete sections 1 through 3 to re-register the new fictitious name. An owner's signature is required in both sections 3 and 4.

An acknowledgement letter will be mailed when the fictitious name registration has been filed. The acknowledgement letter and any certification requested will be mailed to the address provided in Section 1. For **Cancellations Only**: please provide a mailing address on an attachment, if the address on our records is no longer valid. To request a certificate of status and/or certified copy, please check the appropriate box(es) and include the additional fee(s) (\$10 for a certificate of status, \$30 for a certified copy).

The registration and re-registration will be in effect until December 31 of the fifth year.

Send completed application with appropriate fees to:

Fictitious Name Registration  
PO Box 6327  
Tallahassee, FL 32314

Internet Address:  
[www.sunbiz.org](http://www.sunbiz.org)

Courier Address  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

The fee for registering a fictitious name is \$50. Please make a separate check for each filing payable to the Department of State. Application must be typed or printed in ink and legible.