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PICK-UP	☐ WAIT	MAIL
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(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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JUL 0 9 2020 S. YOUNG

## **COVER LETTER**

TO:

TO: Registration S Division of Co			
Benzer FI	L 13 LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Frank Pomarico		
		Name of Person	
	Tampa Specialty Pharmac	y LLC	
		Firm/Company	<del></del>
	5908 Breckenridge Parkwa	ay	
		Address	<del></del>
	Tampa, FL 33610		
		City/State and Zip Code	
	Fpomarico@benzerpharma	cy.com to be used for future annual report notifi	ication)
For further information	concerning this matter, please c		·
Carly Tan		813 304-2221 at ( )	
Name	of Person		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 Addr Registration		Street Address: Registration Sec	tion
Division of	Corporations	Division of Corp	porations
P.O. Box 63 Tallahassee,		The Centre of To 2415 N. Monroe Tallahassee, FL	Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Benzer FL 13 LLC			
	ited Liability Comp	any as it now appears on our records,) Liability Company)	<del></del>
	(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited I		were filed on 08/14/2015	and assigned
Florida document number L15000139485	<u> </u>		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
Tampa Specialty Pharmacy LLC			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	E BOX)		
-			
B. If amending the registered agent and/or agent and/or the new registered office addre	0	address on our records, enter the	name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida street address	
		, Florio	da
	<del></del>	Cin.	Zin 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 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>	<u>Name</u>	Address	Type of Action
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		<del></del>	Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
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		<del></del>	□Remove
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ective date, if other than the date effective date is listed, the date must be te: If the date inserted in this block ument's effective date on the Depart	specific and cannot be prior to date does not meet the applicable st	of filing or more than 90 days atutory filing requirements.	after filing.) Pursuant to 605.0207
	ite, but not an effective time, at	12:01 a.m. on the earlier o	f: (b) The 90th day after the
s filed.	te, but not an effective time, at	12:01 a.m. on the earlier o	f: (b) The 90th day after the
ed May 26	$\frac{2020}{2000}$		
cord specifies a delayed effective das filed.  ed May 26 Sign			

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