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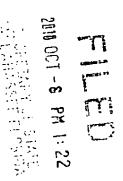
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| Special Instructions to F | iling Oπicer: | |
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COVER LETTER

| | Registration Se Division of Cor | | | | | |
|------------|------------------------------------|---|---|------------------|-------------|----------------------|
| CHDIEC | Benzer Fl. | 17 LLC | | | | |
| SUBJEC | · · · · <u> </u> | Name of Lin | nited Liability Company | | | |
| The enclo | osed Articles of | Amendment and fee(s) are sub | omitted for tilling. | | | |
| Please re | turn all correspo | ndence concerning this matter | to the following: | | | |
| | | Frank Pomarico | | | | |
| | | | Name of Person | | | |
| | | Benzer Pharmacy | | | | |
| | | | Firm/Company | | | |
| | | 5908 Breckenridge Parkw | ay | | | |
| | | | Address | | | |
| | | Tampa, FL 33610 | | | ZAN DOT | 77 |
| | | | City/State and Zip Code | | | المنطقية التحصيري |
| | | fpomarico@benzerpharma | cy.com (to be used for fitture annual report notifi | | Q9 | ا الاسور |
| For furthe | er information co | n-mail address: o | · | ication) | P P T | 1 |
| Frank Pe | omarico | | 813 304-2221 ext | . 113 | 22 2.57 | |
| | Name of | Person | Area Code Daytime | Telephone Number | <u> </u> | |
| Enclosed | is a check for th | e following amount: | | | | |
| \$25.0 | 00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified C | of Status & | |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 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 | Benzer FL 17 LLC | | | | |
|--|--|---|---------------------------------------|------------------------|--------------------------|
| 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 "LLC." 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: SQUARE | (<u>Name of the Limi</u> | ted Liability Compa (A Florida Limited I | ny as it now app liability Company | ears on our records.) | |
| 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 "LLC." 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: FLANK J. POMARICO New Registered Office Address: FLANK J. POMARICO New Registered Office Address: FLANK J. Florida 333-010 | | | were filed on _ | 08/24/2015 | and assigned |
| 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: 5908 BECKENRIDE PROY Enter Florida street address TAMPA Florida 330010 | This amendment is submitted to amend the foll | owing: | | | |
| 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: FRANK J. POMARICO New Registered Office Address: Enter Florida street address TAMPA Florida 384010 | A. If amending name, enter the new name o | f the limited liab | lity company | here: | |
| (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: FRANK J. POMARICO New Registered Office Address: | The new name must be distinguishable and contain the v | vords "Limited Liabil | ity Company," the | e designation "LLC" or | he abbreviation "L.L.C." |
| 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: Square Squar | Enter new principal offices address, if applic | able: | | | 73 |
| 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: Square Squar | Principal office address MUST BE A STREE | TADDRESS) | - | | <u> </u> |
| 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: Square of New Registered Office Address Florida Street address | | <u>BOX)</u> | | | 2 1 |
| Name of New Registered Agent: New Registered Office Address: New Registered Office Address: TAMPA FRANK J. POMARICO Enter Florida street address TAMPA Florida 33010 | | | | | |
| New Registered Office Address: 5908 BZECKENZIDGE PKWY. Enter Florida street address TAMPA Florida 33010 | C | ffice address here | : | | nter the name of the new |
| Enter Florida street address TAMPA Florida 33010 | Name of New Registered Agent: | FRANK | J. PO | MARICO | |
| TAMPA Florida 334010 City Zip Code | New Registered Office Address: | <u>5908</u> | | | PKWY. |
| | | TAME | | Florid | 23010 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

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 |
|--------------|-----------------------------|------------------------|----------------|
| MGRM | Benzer Pharmacy Holding LLC | 5908 Breckenridge Pkwy | |
| | | Tampa, Fl. 33610 | |
| | | · | ■ Remove |
| | | | Change |
| MGR Alpesh | Alpesh Patel | 5908 Breckenridge Pkwy | = Add |
| | | Tampu, FL 33610 | |
| | | | □ Remove |
| | | | Change |
| MGR | MGR Manish Patel | 5908 Breckenridge Pkwy | = Add |
| | | Tampa, F1. 33610 | ☐ Remove |
| | | | Ç.⊡ Change |
| AMBR | Benzer Pharmacy Holding LLC | 5908 Breckenridge Pkwy | Add man |
| | | Tampa, FL 33610 | □ Remode |
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| | Ser N |
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| ective date, if other than the date of filing: | (optional) |
| n effective date is listed, the date must be specific and cannot be prior to date of filing or mote: If the date inserted in this block does not meet the applicable statutory filing turnent's effective date on the Department of State's records. | ore than 90 days after filing.) Pursuant to 605,020 |
| ament's effective date on the Department of state's records. | |
| record specifies a delayed effective date, but not an effective ti he 90th day after the record is filed. | me, at 12:01 a.m. on the earlier of |
| ed September 18 2018. | |
| J.m. | |
| J.m. | |

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee