

L16000038391

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

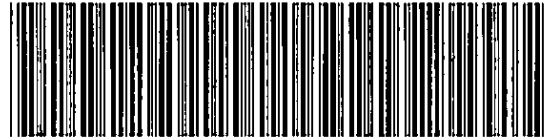
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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FILED

2019 OCT 15 PM 5:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 30 2019  
T. LEMUEUX

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Gulf Coast Scripts Holdings LLC  
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:

Santu Rohatgi  
Name of Person

Smart Rx Systems  
Firm/Company

18946 N. Dale Mabry Hwy Suite 102  
Address

Lutz, FL 33548  
City/State and Zip Code

srohatgi@smartrxsystems.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Santu Rohatgi at (813) 340-4423  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Gulf Coast Scripts Holdings 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 2/24/2016 and assigned Florida document number L16000038391

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)

5703 Red Bug Lake Road  
Ste 256  
Winter Springs, FL 32708

**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:

Sandeep Mathow

New Registered Office Address:

5703 Red Bug Lake Road Ste 256

Enter Florida street address

Winter Springs, Florida 32708

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.*

Sandeep Mathow

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>	<u>Address</u>	<u>Type of Action</u>
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mGR	Tracy Booker	P.O. Box 372	<input type="checkbox"/> Add
		Milford, NJ 08848	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

mGR	Sandeep Matharu	5703 Red Bug Lake Road	<input checked="" type="checkbox"/> Add
		Ste 256	<input type="checkbox"/> Remove
		Winter Springs, FL 32708	<input type="checkbox"/> Change

			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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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.

Sandeep Mathon  
Signature of a member or authorized representative of a member

SANDEEP MATHON  
Typed or printed name of signee