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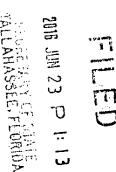
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| SUBJ. | EC1: | | Name of Limi | ted Liability Company | | | |
| The er | nclosed | Articles of | Amendment and fee(s) are subr | nitted for filing. | | | |
| Please | e return | all correspo. | ndence concerning this matter t | o the following: | | | |
| | | | Galina Solomovich | | | | |
| | | | | Name of Person | | | |
| | | | Taquechel Pharmacy LLC | | | | |
| Firm/Company | | | | | | | |
| | | | | | | | |
| | | | | Address | | | |
| | | | Bay Harbor Islands, FL 33 | 154 | | | |
| | | | | City/State and Zip Code | 1 | | |
| | | | info Digni L-mail address: (1 | fel com be used for future annual report notific | cation) | 2016 | -17 |
| For fu | ırther ir | nformation c | oncerning this matter, please ca | ıll: | cation) AHASS | JUN 2 | The second secon |
| Galin | a Solor | | | 305 867 1228 | m. | ω _D_ | m |
| | | Name o | f Person | Area Code Daytime | Telephone Number | 3 | O |
| Enclo | sed is a | check for the | ne following amount: | | | | |
| = \$2 | 25.00 F | Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 File Certificat Certified (additional) | e of Sta Copy | itus & |

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

Taquechel 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 June 3, 2016 and assigned Florida document number _L16000108285 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) 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 City 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> | <u>Address</u> | Type of Action |
|--------------|--------------|--|----------------|
| MGMR | Jacob Gitman | 16051 Collins Ave., Apt .401, Sunn | |
| | · | | ■ Remove |
| | | | ☐ Change |
| MGMR | Dmitry Urin | 3401 Ave. H, Brooklyn, NY11210 | 🖨 Add |
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| ective date, if other than the effective date is listed, the date in this cument's effective date on the | block does not meet the app | licable statutory fil | more than 90 days a ing requirements, | ifter fi this c | ling.) Pu late wil | rsuant to 605.0 I not be listed |
| record specifies a delay The 90th day after the re | red effective date, but ecord is filed. | not an effective | e time, at 12:0 | 1 a. | m. on | the earlier |
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Typed or printed name of signee

Filing Fee: \$25.00