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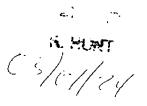
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| Name: | Coastline Pharmacy, LL | .C | |
| Document #: | | | |
| Order #: | 15527112 | | |
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Thank you!

DocuSign Envelope ID: 9977CD3D-1016-4BB7-AB39-6BB53F465A11 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| COASTLINE PHARMACY LLC (Name of the Limited Liability Co | mpany as it now appears on our records.) ted Liability Company) | | | | |
|--|--|--------------|--|--|--|
| (A Florida Limi | ted Liability Company) | | | | |
| The Articles of Organization for this Limited Liability Comp | any were filed on 07/27/2016 and assig | gned | | | |
| Florida document number L16000141341 | | | | | |
| 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 I | iability Company," the designation "LLC" or the abbreviation "L.L. | .Ç." | | | |
| Enter new principal offices address, if applicable: | <u> </u> | | | | |
| (Principal office address MUST BE A STREET ADDRESS | <u> </u> | | | | |
| | <u> </u> | | | | |
| | | | | | |
| Enter new mailing address, if applicable: | mo o | 12-4-". : | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | FE | | | | |
| Mailing daaress MAT BE A FOST OF FICE BOX | | | | | |
| B. If amending the registered agent and/or registered off agent and/or the new registered office address here: | ice address on our records, enter the name of the new | regi | | | |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | Enter Florida street addr es s | | | | |
| | Marida | | | | |
| | , Florida | | | | |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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

DocuSign Envelope ID: 9977CD3D-1016-4BB7-AB39-6BB53F465A11 manage, enter the title, name, and address of each person being added or rentoved from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------------------|---------------------|-----------------------|
| MGR | Jay Picklesimer | 2107 S US Highway 1 | |
| | | Jupiter, FL 33477 | ■Remove |
| | | | □Change |
| AMBR | Coastline Pharmacy Holdings LLC | 2107 S US Highway I | I Add |
| | | Jupiter, FL 33477 | □ Remove |
| | | | □ Change |
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| ote: If | e date, if oth tive date is liste f the date inse nt's effective | erted in this | block does | not meet t | the applica | o date of filin ble statutor | g or more th y filing req | (opton 90 days aftouriements, the | t ional) er filing.) P nis date w | ursuant to | o 605.020 : listed a |
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