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DIVISION OF CORPORATIONS

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COVER LETTER

TO:	Registration Se Division of Cor						
enp m.c.		POLARIS PHARMACY SERVICES OF TAMPA, LLC					
SUBJEC	.l:	Name of Lim	ited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspo	ndence concerning this matter	to the following:				
		Elan K	Atz				
		Polari	Name of Person 15 Phonemacy Svo Firm/Company	: of Tampa			
		1047 Sur	of Avenue, and Fl	<u>'</u>			
		<u>Brooklyn</u> lidsyano	City/State and Zip Code City/State and Zip Code Compared to blush for future annual report notif				
P. P I				leation)			
	_	oncerning this matter, please ca	ail:				
Lic	Name o	ushenKova Therson	at (<u>212</u>) <u>349-85</u> Area Code Daytime	202 est. 103 Telephone Number			
Enclosed	l is a check for th	ne following amount:					
\$25.0	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 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

AMPA, LLC	
ty Company as it now appears on o Limited Liability Company)	our records.)
Company were filed on _08/	26/20/6 and assigned
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Enter Florida st	rect address
	. Florida
City	Zip Code
	ty Company as it now appears on a Limited Liability Company) company were filed on

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jonathan Paritzky	4770 Biscayne BLVD	□ Add
		Suste 1400	≅ Remove
		Miani, FC 53137	☐ Change
MGR	Elan Katz	\$1 CEANDERRY ST	B Add
		Swite 1400 Mianni, FC 33137 81 Ceanberry St Brooklyn, NY 11201	□ Remove
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Typed or printed name of signee

Filing Fee: \$25.00