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COVER LETTER

Phoenix Cor	mpounding Pharmacy, LLC				
	Name of Limi	ted Liability Company		······································	
	•	_			
	Ever D. Taylor				
		Name of Person			
	Phoenix Compounding Ph	narmacy, LLC			
		Firm/Company			
	2558 Dovetail Dr				
		Address			
	Ococe, FL 34761				1
		City/State and Zip Code			
		to be used for future annual re	port notification)		7 SEC.
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check for the	following amount:				
iling Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		Certificate of Status & Certified Copy	
	Phoenix Corporation corporatio	Articles of Amendment and fee(s) are substantial correspondence concerning this matter of Ever D. Taylor Phoenix Compounding	Phoenix Compounding Pharmacy, LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Ever D. Taylor Name of Person Phoenix Compounding Pharmacy, LLC Firm/Company 2558 Dovetail Dr Address Ocoee, FL 34761 City/State and Zip Code phoenixcmprx@gmail.com E-mail address: (to be used for future annual resolution of the concerning this matter, please call: lor Name of Person Name of Person Area Code a check for the following amount: Gling Fee \$30.00 Filing Fee & Certificed Copy	Phoenix Compounding Pharmacy, LLC Name of Limited Liability Company I Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Ever D. Taylor Name of Person Phoenix Compounding Pharmacy, LLC Firm/Company 2558 Dovetail Dr Address Ococe, FL 34761 City/State and Zip Code phoenixcmprx@gmail.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: lor 407 Area Code Daytime Telephore a check for the following amount: if ling Fee \$\square\$\$\$55.00 Filing Fee & \$\square\$	Phoenix Compounding Pharmacy, LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Ever D. Taylor

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

Phoenix Compounding Pharmacy, LLC	2			
(Name of the Limited L (A F	ability Compan lorida Limited Li	y as it now and lability Company	ears on our records.) y)	
The Articles of Organization for this Limited Liabil	ity Company v	were filed on	January 23, 2017	and assigned
Florida document number L17000017971	·			
This amendment is submitted to amend the following	ıg:			
A. If amending name, enter the new name of the	limited liabil	lity company	<u>here</u> :	
The new name must be distinguishable and contain the words	"Limited Liabili	ty Company," th	e designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	2558 Doveta	il Dr	<u> </u>
(Principal office address MUST BE A STREET ADDRESS		Ococe, FL 3	4761	T PR
		 		2 PV
				Find inc
Enter new mailing address, if applicable:				PM 2: 32
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>		**************************************	
				~ ~
B. If amending the registered agent and/or registered agent and/or the new registered office			on our records, enter	the name of the new
Name of New Registered Agent:	ever D. Taylor	 		
New Registered Office Address: 2	558 Dovetail D)r		
		Enter l	Florida street address	
)coee	 	, Florida	
		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.

f 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>	Name	<u>Address</u>	Type of Action
ммв	Sasha Watson	6488 Currin Drive	
		Orlando, FL 32835	Remove
		· · ·	☐ Change
MGR	Ever D. Taylor	2558 Dovetail Dr	Add
		Ocoee, FL 34761	□ Remove
			Add
			□ Remare
			□ Add RAY PR 2: 32
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Note: If the date inserted in this	he date of filing: May 23, 2017 must be specific and cannot be prior to date of filing or more block does not meet the applicable statutory filing r Department of State's records.	equirements, this date will not be listed as th
		an at 12.01 - m on the english of
he record specifies a delay The 90th day after the re	red effective date, but not an effective time ecord is filed.	ne, at 12:01 a.m. on the earlier or:
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The 90th day after the ro	2017	

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