Division of Corporations lorida. Lariment of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BERGER SINGERMAN LLP, FT.LAUDERDALE

Account Number : I20020000154 : (954)525-9900 Phone

	Fax Number	:	(954)523-2872
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C. Email Address:	<u>:4</u>
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN	٦
SOUTH MIAMI PHARMACY II, LLC	17

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

:	SOUTH MIAMI P	HARMACY II, LLC		· <del></del>	
(Name of the Limit	d Liability Compu A Florida Limited (	ny <u>as it now appears on our records.)</u> aubility Company)			
The Articles of Organization for this Limited Li Florida document number L18000155466	ability Company	were filed on 06/26/2018	an	d assigned	j
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	ility company here:	<u>នី</u> ម	2	
he new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" or the	e abbr <b>e</b> viati	on "Life C."	
		7500 NW 26th Street, Suito 102	f et	<u></u>	
Enter new principal offices address, if applicable:		Miami, Florida 33122-1414		<u>7:3-4</u>	<u>, , , , , , , , , , , , , , , , , , , </u>
Principal office address MUST BE A STREE	I ADDICEOU			- 5	
		7500 NW 26th Street, Suite 102	;·•		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Miami, Florica 33122-1414			
B. If amending the registered agent and/or regent and/or the new registered office address  Name of New Registered Agent:	registered office : ss here: Brian Brito	address on our records, enter the n	ame of th	ie new reg	isto
	7500 NNV 26th	Street Suite 102			
New Registered Office Address:	7500 NW 26th Street, Suite 102  Enter Florida street address				
	Miami	Florida	33122		
		Cur	Zip	Cosk	

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

Title	Name	Address	Type of Action
AMBR	SMP Acquisition Co., Inc.	7500 NW 26th Street, Suite 103	<b>≅</b> Add
		Miumi, Florida 33122	□Remove
			[]Change
MGR	Brent Dethiners	7425 SW 42nd Street	□A!ld
		Miami, Florida 33155	Remove
•			Change
.,——	-		Remove
٠			☐ Change
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mending any other intol mation,	enter change(s) here: (Attach additional sheets, if necessary.)
•	
ffective date, if other than the da un effective date is listed, the date must be late: If the date inserted in this block ocument's effective date on the Depa	(optional) e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 k does not meet the applicable statutory filing requirements, this date will not be listed as actment of State's records.
record specifies a delayed effective d Lis filed.	late, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
ated January 18,	2021
	The second of th
	ignature of a member or andiorized representative of a member
	Brian Brito

Filing Fee: \$25.00

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