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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : WATSON SLOAME JOHNSON PLLC.

Account Number : I20150000117 Phone : (407)622-6751 : (866)440-1211 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WHOLESCRIPTS, LLC

Certificate of Status	0
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Page Count	03
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AUG 29 2019

M. SOLOMON

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WHOLESCRIPTS, LLC		. <u></u>
(Name of the Limited Liz bility Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	,
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 02/15/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		• •
Name of a state of a self-order		
Enter new mailing address, if applicable:		%
(Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	ffice address on our records, e:	enter the name of the new
New Registered Office Address:	Enter Florida street address	
	Flori	ída
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent;		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is

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>T'itle</u>	<u>Name</u>	Address	Type of Action
COO/VP	STEPHANIE BLACKBURN	6800 KINGSPOINTE PKWY	
		ORLANDO, FL 32819	☐ Remove
			Change
СЕО/Р	BRIAN BLACKBURN	6800 KINGSPOINTE PKWY	⊞ Add
		ORLANDO, FL 32819	☐ Remove
			☐ Change _≥
S	KYLE BLACKBURN	6800 KINGSPOINTE PKWY	
		ORLANDO, FL 32819	□ Remove
			Change C.
Asst. Secretary	BRIAN BLACKBURN, JR.	6800 KINGSPOINTE PKWY	■ Add
		OKLANDO, FL 32819	☐ Remove
			(I) Change
Asst. Secretary	SARAH BLACKBURN	6800 KINGSPOINTE PKWY	E classific
		ORLANDO, FL 32819	☐ Remove
			Change
MGR	XYMOGEN, INC.	6900 KINGSPOINTE PKWY	
		ORLANDO, FL 32819	☐ Remove
			■ Change

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