18664401211 From: Jessica Dalziel orida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WATSON SLOANE JOHNSON PLLC.

Account Number : I20150000117 Phone : (407)622-6751 Fax Number : (866)449-1211

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MEDPAX PHARMACY, LLC

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MedPax Pharmacy, ELC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liabib), Company)
The Articles of Organization for this Limited Liability Company were filed on 10/23/2019 and assigned
Florida document number L19000255490
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
WholeScripts Pharmacy, LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
Printing maness ment but it to be over the busy
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
Name of Non Neghtered Agen.
New Registered Office Address:
Enter Florida street address
Florida
City Zip Codε
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 abligations 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

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

AMBR = /	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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effective date, is li	sted, the date must be spe	ecific and cannot be ;	nior to date of filing or	(option more than 90 days after fi	ling.) Parsuant to 605 020
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