120000742774

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Eddiness Eliki, Name,
(6) N
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000354929170

2020 NOV 10 AM 8: 46

TIME

RECEIVE!1

The state of the s

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 11/10/20

NAME:

TRANSCRIPT PHARMACY SOLUTIONS LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

Division of Co							
TRANSCI	RIPT PHARMACY SOLUTIO	ns, llc					
SUBJECT:	Name of Lin	nited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.					
Please return all correspondent	ondence concerning this matter	to the following:					
	Robert Berman						
		Name of Person					
	Rosenberg Martin Greenb	erg, LLP					
Flrm/Company							
	25 South Charles Street, 2	1st Floor					
		Address					
	Baltimore, MD 21201						
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code					
	rberman@rosenbergmartin						
	E-mail address:	to be used for future annual report notif	ication)				
For further information of	concerning this matter, please of	all:					
Robert Berman		410 649-1244 at ()					
Name o	f Person		Telephone Number				
Enclosed is a check for t	he following amount:						
■ \$25.00 Filling 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		Street Address:					
Registration Section Division of Corporations		Registration Section					

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRANSCRIPT PHARMACY SOLUTIONS, LLC (Name of the Limited Liability Company as it now supre (A Florida Limited Liability Company)	ars on our records.)
(A Florida Limited Liability Company)	•
The Articles of Organization for this Limited Liability Company were filed on _	August 24, 2020 and assigned
Florida document number L20000262726	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company l	nere:
TRANSCRIPTS PHARMACY SOLUTIONS, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	0 1
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	- 123 - 5
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flo	orida street address
	, Florida
City	Zip Code

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 Address Title Name Type of Action □Add _ 🗆 Remove _ Change _ □Add _ Remove _ DAdd CRemove NOV | 0 □Add $\ddot{\omega}$ □Remove 5 Change □Add ☐Remove _ Change □Add □Remove

_____ Change

					 		
					·-· - · · · · · ·		
							
 				<u> </u>	<u> </u>		
						• •	
							
							
		 _			 -	•••	202b KO/
							<u> </u>
							
<u> </u>						7. 2. =	A
						 	ထ္
					_	100	9+
	<u> </u>						
							
	······						
	te, if other than the	t be specific and cam ock does not meet t	ot be prior to date of the applicable stan	filing or more than 90 mory filing requires	(optional days after filing nents, this dat	e.) Pumpiant t	to 605,02 e listed :
an effective di lote: If the d	late inserted in this blo ffective date on the Do	charment of 2006.					
an effective de lote: If the de occument's effective condi-	tate inserted in this blo		ffective time, at 12	:01 a.m. on the ear	lier of: (b) T	he 90th day	after th
sn effective di lote: If the co ocument's ef record specif is filed.	fate inserted in this blo ffective date on the De fies a delayed effective	e date, but not an ei		:01 s.m. on the ear	lier of: (b) T	he 90th day	after th
f an effective de Note: If the of locument's effective and the control of the c	fate inserted in this bloffective date on the Defice a delayed effective Vouember	e date, but not an el	2020 .	esentative of a member		he 90th day	v after th

Filing Fee: \$25.00