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(Requestor's Name)

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(City/State/Zip/Phone #)

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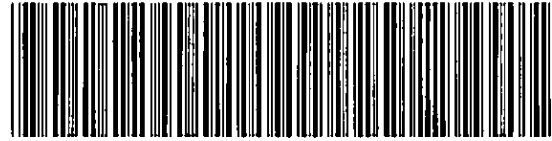
(Business Entity Name)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**DATE: 11/10/20**

**NAME: TRANSCRIPT PHARMACY SOLUTIONS LLC**

**TYPE OF FILING: AMENDMENT**

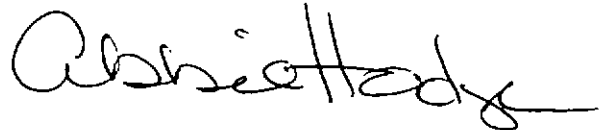
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TRANSCRIPT PHARMACY SOLUTIONS, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Berman

\_\_\_\_\_  
Name of Person

Rosenberg Martin Greenberg, LLP

\_\_\_\_\_  
Firm/Company

25 South Charles Street, 21st Floor

\_\_\_\_\_  
Address

Baltimore, MD 21201

\_\_\_\_\_  
City/State and Zip Code

rberman@rosenbergmartin.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Berman

at (410) 649-1244

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
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(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
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Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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

**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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 9, 2020

  
\_\_\_\_\_  
Signature of the President

David W. Rombro

Typed or printed name of signee

**Filing Fee: \$25.00**