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SECRETARY OF SHAPE
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COVER LETTER

TO:

TO: Registration So Division of Cor				
	TLE MANAGEMENT COMP	PANY, LLC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Samuel D. Navon, Esq.			
		Name of Person		
	Samuel D. Navon, P.A.			
		Firm/Company		
	7805 S.W. 6th Court			
		Address		
	Plantation, FL 33324			
		City/State and Zip Code		
	snavon@navonlaw.com			
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report rall;	totification)	
Samuel D. Navon		954 380-8848		
Name o	f Person		time Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration		Street Address: Registration 9		
Division of Corporations		Division of C	Division of Corporations	
P.O. Box 632		The Centre o		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

New Castle Management Company, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STAIT

2021 DEC -6 PH 7: 05

The Articles of Organization for this Limited Liability Company were filed on November 13, 2020 and assigned Florida document number 1.20000360433 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Texas Pharmacy Enterprise 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□ Remove
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		Signature of a member of authorized representative of a member

Filing Fee: \$25.00