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wie SW Acc#I20160000072 PBOS LLC Name: Document #: Order #: 15880408 Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Country of Destination: Apostille/Notarial Certification: Number of Certs: Filing: 🗸 Certified: Email Address for Annual Report Notifications: Plain: COGS: Availability _____ 25.00 Amount: \$ Document ____ Examiner _____

Thank you!

COVER LETTER

TO: Registration Se Division of Cor							
PBOS LLC							
SUBJECT:Name of Limited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
	ondence concerning this matter						
	Julie Azevedo						
		Name of Person					
	PBOS LLC						
		Firm/Company					
	1401 NW 136th Ave. Suite	2 400					
	<u> </u>	Address					
	Sunrise, FL 33323						
		City/State and Zip Code	<u> </u>				
	Julie.Azevedo@arxingt.com	to be used for future annual repo	rt notification)				
For further information of	concerning this matter, please c						
Linda Stauffer		713 332-37 at ()	754				
Name of Person		Area Code F	Daytime Telephone Number				
Enclosed is a check for t	he following amount:						
■ \$25.00 Filing Fee	☐ \$30.00 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)				
<u>Mailing Addre</u> Registration	Section	<u>Street Addre</u> Registratio	n Section				
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee				
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 SEP 20 AM 10: 17

PBOS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{05/04/2021}{}$ and assigned Florida document number L21000206786 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida _

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.

City

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>	Address	Type of Action
MGR	Andrew Treen	3507 E. Frontage Rd. Suite 190	
		Tampa, FL 33607	■ Remove
MGR			Change
	Advanced Rx Holdco Inc.	1401 NW 136th Ave, Suite 400	■Add
		Sunrise, FL 33323	□Remove
n : 1			Change
President CEO	Jeffrey Azevedo	1401 NW 136th Ave. Suite 400	×Add
		Sunrise, FL 33323	□Remove
			[] Change
			🗆 Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change

). If am	ending any other info	rmation, enter ch	ange(s) here:	(Attach additt	ional sheets, ij	necessary.)	
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Note	tive date, if other than flective date is listed, the dat If the date inserted in the ment's effective date on t	nis block does not n	neet the applical	o date of filing or ble statutory fil	more than 90 day ing requiremen	(optional) is after tiling.) F ts. this date w	dursuant to 605.0207 ill not be listed as
f the record is	ord specifies a delayed eff filed.	fective date, but not	an effective tin	ne, at 12:01 a.m	on the earlier	of: (b) The	90th day after the
Date	September 19			_ ·			
		JH Q	ral-				
		Signature of a	member or author	rized representati	ve of a member		
	Jeffrey Azevedo			d name of signee			

Filing Fee: \$25.00