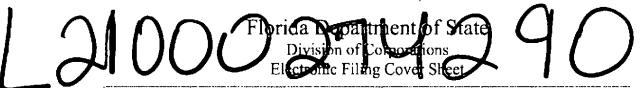
7/22/2021

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone : (954)208-0845 Fax Number

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

Email	Address:		
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Certificate of Status	0
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Help

19542080845

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

University Health Care Phannacy, I							
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny ay it now appears on our recaidility Company)	ords.)				
The Articles of Organization for this Limited Li Florida document number 1.21000274290	ability Company	were filed on June 11, 2021	and assigned				
This amendment is submitted to amend the following	owing:						
A. If amending name, enter the new name of	the limited liab	ility company here:					
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designation "I	LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applic	able:	9725 NW 117 Avenue, Sec	cond Floor				
(Principal office address MUST BE A STREE	TADDRESS)	Miami, Florida 33178					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office a	oddress on our records, <u>en</u>	ter the name of the new registered				
Name of New Registered Agent:	CT Corporation	ı System					
New Registered Office Address:	1200 South Pin	e Island Road					
	,	Enter Florida street ada	dress				
	Plantation		Florida 33324				
		Ciţv	Zip Code				

New Registered Agent's Signature, if changing Registered Agent:

Page: 3 of 5

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. Som A. Whin

To: 18506176383

Page: 4 of 5

2021-07-22 10:47:21 CST

19542080845

From: Ranae McGraw

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

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Margarita Quevedo	8250 NW 27 Street, Suite 301	□Add
		Doral, FL 33122	≡ Remove
			□Change
AMBR	Cano Pharmacy, LLC	9725 NW 117th Avenue, Suite 200	■ Add
		Medley, FL 33178	□Remove
			□ Change
			□Add
			Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🖸 Add
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			□Remove
			□ Change

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From: Ranae McGraw

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