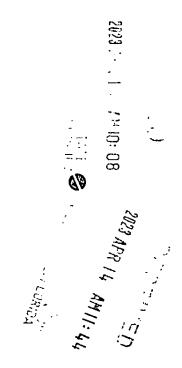
# L23000186955

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	<del></del>
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



900406075269



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 120000000195

REFERENCE: 667328 1724

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE : April 11, 2023

ORDER TIME : 8:51 AM

ORDER NO. : 667328-010

CUSTOMER NO: 7247594

-----

### DOMESTIC AMENDMENT FILING

NAME: CAPTIVE RX, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS:

### **Articles of Conversion**

For

## "Other Business Entity"

Into

# Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

Statutes.	3, Florida
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conver	sion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Limited Liability Company	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or busine	ss trust, etc.
First organized, formed or incorporated under the laws of	
3/25/2019 (Enter state, or if a non-U.S. entity, the name of the cor	untry)
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organ Captive RX, LLC	uzation:
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date:	
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar date date this document is filed by the Florida Department of State.)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	d as the
5. The plan of conversion has been approved in accordance with all applicable statutes.	
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the ar which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	nount to
	20

Signed this day of April	20_23
Signature of Authorized Representative	
Signature of Authorized Representative: Printed Name: Philip B. Healy	Model (A )
	s Entity: [See below for required signature(s)]
	(s)
Signature:	Title:Manager
Signature: Printed Name:	Title:
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Dir If Directors or Officers have not been select	unitar or Office.
If Florida General Partnership or Limite Signature of one General Partner.	d Liability Partnership:
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	d Liability Limited Partnership:
All others: Signature of an authorized person.	
Fecs:	
Articles of Conversion: Fees for Florida Articles of Organiz Certified Copy: Certificate of Status:	\$25.00 zation: \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FI	LORIDA	LIMITED I	LIABILITY (	COMPA	ANY	
ARTICLE I - Name: The name of the Limited Liability Company is:						
Captive RX, LLC (Must contain the words "Limited Liability	tu Camaaaaa	1.67				
ARTICLE II - Address: The mailing address and street address of the pr				' Compa	any is:	
Principal Office Address:		Address:				
3150 Leeward Lane Naples, FL 34102		eward Lane FL 34102		<del>_</del>		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	ered Agent. Y	ou must designat	Agent's Signa e an individual or a	ature; mother		
The name and the Florida street address of the re	egistered a	gent are:				
Corporation Service Comp	pany					
Name 1201 Hays Street	;		_			
Florida street address (P.O.	Box NOT	acceptable)	-			
Tallahassee	FL	32301				
City		Zip	_			
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete paracept the obligations of my position as regional.	this certific ty. I furthe erformance istered age	cate, I hereby r agree to con e of my duties	accept the app mply with the p	ointmer Provision Tien wit	nt as ns of all	
Registered Agent's Signa Doreen S. Haeselin, A		(UIRED)	<b></b>		202	
(CONTINU	JED)				2023 1: . 1 .	
				70182137 13715 4	۵۴ اD: 08	

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Philip B. Healy
	3150 Leeward Lane Naples FL 34102
!	
·	
ı	
;	
!	
1	
(Use attachment if necessary)	
(Use attachment if necessary)	
Use attachment if necessary)  LE V: Other provisions, if any.	
E V: Other provisions, if any.	
E V: Other provisions, if any.	
E V: Other provisions, if any.	
REQUIRED SIGNATURE!	B authorized representation of a second
REQUIRED SIGNATURE!  Signature of a member or a. This document is executed in accordance as	n authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware
REQUIRED SIGNATURE!  Signature of a member or a	
REOUIRED SIGNATURE/  Signature of a member or a This document is executed in accordance wany false information submitted in a document of the submitted in	
Signature of a member or at This document is executed in accordance wany false information submitted in a document as provided for in s.817.155. F.S.  Philip B. Healy	n authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware ent to the Department of State constitutes a third degree feed or printed name of signee

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-

Company: