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Division of Corporations
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To:

Division of Corporations

Fax Number

: (850)205-0303

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5926

LIMITED LIABILITY AMENDMENT

CVS 75164 FL., L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: CVS 75164 FL, LL.C.				
(Name of For	eign Limited Liability Company)			
Dear Sir or Madam:				
The enclosed application, certificate and fee(s) a	re submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
Melanie K. Luker				
(Name of Person)				
CVS Pharmacy, Inc.				
(Firm/Company)				
One CVS Drive, Legal Department				
(Address)				
Woonsocket, Rhode Island 02895				
(City/State and Zip Cod	(a)			
For further information concerning this matter, p	icase cali:			
Melanie Luktr	nt (401) 770-3565			
(Name of Person)	(Area Code & Daylims Telephone Number)			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassec, Florida 32301	Tallahsesee, Florida 32314			
Enclosed is a check for the following amount:				
\$25 Filing Foe \$30 Filing Fee & Certificate of Status	☐\$55 Filing Foc & ☐\$60 Filing Foc. Certified Copy Certificate of Status & Certified Copy			

SECTION 1 (1-3 must be completed)

1.	Name of limited liability company as it appears on the records of the Florida Department CVS 75164 FL, L.L.C.	ent of		
2.	Jurisdiction of its organization: Delsware	 -		
3.	Date authorized to do business in Florida: 9/26/2005	_		
	SECTION II (4-7 complete only the applicable changes)			
4.	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? _n/a	25.67 25.67 20.83		
5.	New name of the limited liability company: n/a			
6.	If the amendment changes the period of duration, indicate new period of duration: 1/2	-I PHE		
	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:	PH I2: 38		
	If the amendment corrects any false statement, indicate the statement being correct and the correction: The member of the company is Florida CVS Pharmacy, L.L.C.	ed.		
	Attached is an original certificate, no more than 90 days old, evidencing the aforement amendment(s), duly authenticated by the official having custody of records i jurisdiction under the law of which this entity is organized. Signature of a member of the authorized representative of a member	ioned n the		
	Melanie K. Luker, Assistant Secretary of Member			
	Typed or printed name of signee			