

Division of Corporations

**10700003445**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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

Email Address: \_\_\_\_\_

RECEIVED

14 NOV -4 AM 10:00

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CATAMARAN PBM OF COLORADO, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

14 NOV -4 PM 4:32  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 05 2014

Electronic Filing Menu

Corporate Filing Menu

S. YOUNG  
Recp

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Catamaran PBM of Colorado, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 07/06/2007

**SECTION II (4-7 complete only the applicable changes)**

4. New name of the limited liability company: Catamaran Discount Card Services, LLC  
(must contain "Limited Liability Company," "L.L.C.," or

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "L.L.C.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

Jeffrey G. Park

Typed or printed name of signee

**Filing Fee: \$25.00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 NOV -4 PM 4:32

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Catamaran PBM of Colorado, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

christine.feldman@catamaranrx.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

CR2E055 (12/13)

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TALLAHASSEE, FLORIDA

# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CATAMARAN PBM OF COLORADO, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CATAMARAN DISCOUNT CARD SERVICES, LLC", THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2014, AT 11:04 O'CLOCK A.M.


FILED  
14 NOV -4 PM 4:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3283872 8320

141356970

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1827983

DATE: 10-31-14