

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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 future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CVS 3671 FL, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

RECEIVED
10 NOV -2 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
10 NOV -2 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. MCLEOD

NOV - 3 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CVS 3671 FL, L.L.C.
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:

Melanie K Luker
Name of Person

CVS Pharmacy, Inc.
Firm/Company

One CVS Drive
Address

Woonsocket RI 02895
City/State and Zip Code

mkluker@cvs.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melanie K. Luker at (401) 770-3565
Name of Person 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:

☐ \$25 Filing Fee ☒ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION 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: CVS 3671 FL, L.L.C.
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 1/29/2009

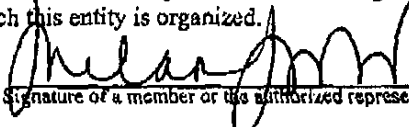
SECTION II (4-7 complete only the applicable changes)

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? 10/26/10
5. New name of the limited liability company: DG Orlando FL LLC
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(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 end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:
n/a
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
n/a
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: n/a

9. Attached is an original certificate, 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 a member or the authorized representative of a member

Melanie K Luker, Authorized Representative

Typed or printed name of signer

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

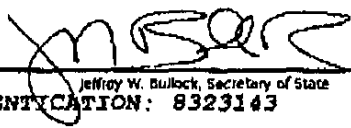
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CVS 3671 FL, L.L.C.",
FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "DG ORLANDO
FL LLC", THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2010, AT 5:15
O'CLOCK P.M.



4626841 8320

101046105

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8323143

DATE: 11-01-10