

M1000000 2201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

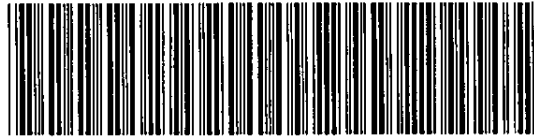
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000281562710

02/02/16--01001--026 **693.75

RECEIVED

16 FEB -2 PM 1:25

NOT TO BE
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILE

2016 FEB -3 PM 12:35

RECEIVED
TALLAHASSEE FLORIDA

FEB 04 2016
J. HARRIS

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive
Tallahassee, Florida 32312
(850) 656-4724
Toll Free: 844-541-6792

DATE: 2-2-16

ENTITY NAME: Shared Pharmacy Holdings LLC WALK IN

****PLEASE FILE THE ATTACHED AND RETURN:****

☒ Plain Copy

☐ Certified Copy

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:****

Document Number: _____

☐ Certified Copy of Arts & Amendments

☐ Certificate of Good Standing

****APOSTILLE/NOTARIAL CERTIFICATION:****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL AMOUNT OWED: 2500

CHECK NUMBER: 2241

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shared Pharmacy Holdings 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:

Scott Beidleman

Name of Person

Shared Pharmacy Holdings LLC

Firm/Company

4601 Sheridan Street, Suite 600

Address

Hollywood, FL 33021

City/State and Zip Code

sbeidleman@ganotcapital.com

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

For further information concerning this matter, please call:

Reggie Zachariah

Name of Person

at (954) 768-5208

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2016

SUNSHINE CORPORATE FILING
TINA GOFF

SUBJECT: SHARED PHARMACY HOLDINGS LLC
Ref. Number: M10000002201

*Please
return*

We have received your document for SHARED PHARMACY HOLDINGS LLC and your check(s) totaling \$693.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 616A00002289

RECEIVED
DEPARTMENT OF STATE
16 FEB -3 PM 4:00

FILED
2016 FEB -3 PM 12:36
TALLAHASSEE FLORIDA

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

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Shared Pharmacy Holdings LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M10000002201

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 05/12/2010

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: OSPH, LLC
(must contain "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 contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, **Florida**
City

Zip Code

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

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.

If Changing Registered Agent, Signature of New Registered Agent

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

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a 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

Matan Ben-Aviv

Typed or printed name of signee

Filing Fee: \$25.00

2016 FEB -3 PM12:36
TALLAHASSEE FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "SHARED PHARMACY HOLDINGS LLC", CHANGING ITS NAME FROM "SHARED PHARMACY HOLDINGS LLC" TO "OSPH, LLC", FILED IN THIS OFFICE ON THE FIRST DAY OF FEBRUARY, A.D. 2016, AT 12:10 O'CLOCK P.M.



4796227 8100
SR# 20160505146

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 201762532
Date: 02-01-16

State of Delaware
Secretary of State
Division of Corporations
Delivered 12:10 PM 02/01/2016
FILED 12:10 PM 02/01/2016
SR 20160505146 - File Number 4796227

**CERTIFICATE OF AMENDMENT
OF
CERTIFICATE OF FORMATION
OF
SHARED PHARMACY HOLDINGS LLC**

This Certificate of Amendment of Certificate of Formation of Shared Pharmacy Holdings LLC, a Delaware limited liability company (the "*Company*"), dated as of February 1, 2016, is being duly executed and filed by Matan Ben-Aviv, as authorized person, to amend the Certificate of Formation of the Company filed with the Secretary of State of the State of Delaware on March 5, 2010 (the "*Certificate of Formation*") pursuant to Section 18-202 of the Delaware Limited Liability Company Act, 6 *Del. C.* §§ 18-101 *et seq.*

1. Name. The name of the limited liability company is Shared Pharmacy Holdings LLC.

2. Amendment to the Certificate of Formation. The Certificate of Formation is hereby amended by deleting Section First thereof in its entirety and inserting the following in lieu thereof:

"First: The name of the limited liability company is OSPH, LLC."

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment of Certificate Formation as of the date first written above.



Name: Matan Ben-Aviv
Title: Authorized Person