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(Business Entity Name)

(Document Number)

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FILED
15 JUN 11 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AADP Management Services, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary Brown
Name of Person

Firm/Company

2295 NW Corporate Blvd. Suite 140
Address

Boca Raton, FL 33431
City/State and Zip Code

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

For further information concerning this matter, please call:

Liz Lopez at (561) 988-1022
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AADP Management Services, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/25/14 and assigned
Florida document number M14000008478.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Dispensing Rx Sales, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2295 NW Corporate Blvd.
Suite 245
Boca Raton, FL 33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office 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

City, Florida 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 5, 2015

Gary Brown
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

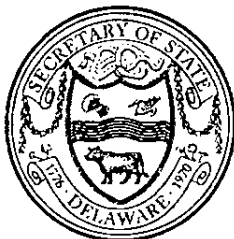
Delaware

PAGE 1

The First State

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 "AADP MANAGEMENT SERVICES, LLC", CHANGING ITS NAME FROM "AADP MANAGEMENT SERVICES, LLC" TO "DISPENSING RX SALES, LLC", FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF APRIL, A.D. 2015, AT 12:30 O'CLOCK P.M.


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



5599777 8100

150546908

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2386931

DATE: 05-18-15

State of Delaware
Secretary of State
Division of Corporations
Delivered 12:30 PM 04/13/2015
FILED 12:30 PM 04/13/2015
SRV 150546908 - 5599777 FILE

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: AAOP MANAGEMENT SERVICES, LLC

2. The Certificate of Formation of the limited liability company is hereby amended
as follows First: The name of the Limited Liability Company is:

Dispensing RX Sales, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 3rd day of April, A.D. 2015.

By: 

Authorized Person(s)

Name: Gary Brown

Print or Type

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



State of Delaware

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

150546908

9157645

05-18-2015

PREFERRED PHYSICIANS MANAGEMENT SERVICES
2295 NW CORPORATE BLVD
SUITE 144
BOCA RATON FL 33431
ATTN: GARY BROWN

DESCRIPTION	AMOUNT
DISPENSING RX SALES, LLC	
5599777 0240 Amendment; Domestic	
Amendment Fee	180.00
Certification Fee	50.00
Court Municipality Fee, Wilm.	20.00
FILING TOTAL	250.00
TOTAL PAYMENTS	250.00
SERVICE REQUEST BALANCE	.00

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TALLAHASSEE, FLORIDA