

M15000007815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

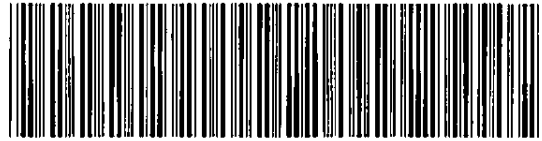
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
DIVISION OF STATE  
2023 OCT -3 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
R. HUNT  
10/03/23

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 026005 8260355

AUTHORIZATION :

COST LIMIT : \$ 25.00

2023 OCT -3 PM 12:40

DIVISION OF CORPORATIONS

ORDER DATE : October 2, 2023

ORDER TIME : 1:25 PM

ORDER NO. : 026005-045

CUSTOMER NO: 8260355

FOREIGN FILINGS

NAME: EMPLOYERS HEALTH NETWORK  
HOLDINGS, LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Employers Health Network 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:

Legal Department

Name of Person

CRx Specialty Solution Pharmacy, LLC

Firm/Company

407 Bienville Street

Address

Natchitoches, LA 71457

City/State and Zip Code

legal@liviniti.com

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

For further information concerning this matter, please call:

Legal Department

Name of Person

at ( 800 ) 710-9341

Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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

CR2E055 (9/15)

2023 OCT - 3 PM 12:40  
DIVISION OF CORPORATIONS  
STATE OF 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: Employers Health Network Holdings, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address

MUST BE A STREET ADDRESS)

407 Bienville Street

Natchitoches, LA 71457

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: M15000007815

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 09/30/2015

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

5. New name of the limited liability company: CRx Specialty Solution Pharmacy, 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:

N/A

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

N/A

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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☐ Add

☐ Remove

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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.

LeAnn C. Boyd  
Signature of the authorized representative

LeAnn C. Boyd

Typed or printed name of signee

Filing Fee: \$25.00

# 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 "EMPLOYERS HEALTH NETWORK HOLDINGS, LLC", CHANGING ITS NAME FROM "EMPLOYERS HEALTH NETWORK HOLDINGS, LLC" TO "CRX SPECIALTY SOLUTION PHARMACY, LLC", FILED IN THIS OFFICE ON THE THIRD DAY OF AUGUST, A.D. 2020, AT 12:09 O'CLOCK P.M.

2023 OCT -3 PM 12:40  
DIVISION OF CORPORATIONS



5792223 8100  
SR# 20233635007

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: 204293633  
Date: 10-03-23

**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF FORMATION  
OF**

**EMPLOYERS HEALTH NETWORK HOLDINGS, LLC**

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 12:09 PM 08/03/2020  
FILED 12:09 PM 08/03/2020  
SR 20206542366 - File Number 5792223

This Certificate of Amendment of Employers Health Network Holdings, LLC is being executed by the undersigned for the purpose of amending the Certificate of Formation of Employers Health Network Holdings, LLC pursuant to Section 18-202 of the Delaware Limited Liability Company Act.

1. The name of the limited liability company is Employers Health Network Holdings, LLC (the "Company").
2. Article First of the Company's Certificate of Formation is hereby amended to read as follows:

"The name of the limited liability company is CRx Specialty Solution Pharmacy, LLC"

IN WITNESS WHEREOF, the undersigned has executed this Certificate to be effective upon filing with the Secretary of State.



Patrick Teyro, Authorized Person

2020 OCT -3 PM 12:40  
DIVISION OF CORPORATIONS