

M1700002939
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-5383
From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954) 208-0845
Fax Number : (614) 573-3996

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
VALEDA RX, LLC

Certificate of Status	0
Certified Copy	1
Page Count	8
Estimated Charge	\$55.00

2022 JUN -1 AM 11:58

FILED

2022 JUN -1 PM 2:31

APPROVED
AND
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Electronic Filing Menu

Corporate Filing Menu

Help

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: Valeda RX, 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: M17000002939

3. Jurisdiction of its organization: Pennsylvania

4. Date authorized to do business in Florida: 04/05/2017

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

5. New name of the limited liability company: Perigon Pharmacy 360, 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:


Thereby 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

APPROVED AND FILED
2022 JUN -1 PM 2:31

Entity# : 6338587 Date Filed : 06/09/2021 Pennsylvania Department of State
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**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to: DIANA D BAAR Name 300 OTTAWA AVE NW STE 400 Address GRAND RAPIDS MI 49503 City State Zip Code <input type="checkbox"/> Return document by email to: _____	Certificate of Amendment-Domestic Limited Partnership/Limited Liability Company DSCB.15-8622/8822(rev. 2/2017)  8622
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Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$70.00

Check one: Limited Partnership (§ 8622) Limited Liability Company (§ 8822)

In compliance with the requirements of the applicable provisions (relating to certificate of amendment), the undersigned, desiring to amend its Certificate of Limited Partnership/Certificate of Organization, hereby certifies that:

- The name of the limited partnership/limited liability company is:
Vateda RX, LLC
- The date of filing of the original Certificate of Limited Partnership/Certificate of Organization:
12/23/2015
 Date(MM/DD/YYYY)
- The current registered office address on file with the Department of State: *Complete part (a) OR (b) – not both:*
 - 250 Mt Lebanon Blvd, Suite 208, PITTSBURGH, PA, 15234, Allegheny.

Number and Street	City	State	Zip	County
250 Mt Lebanon Blvd, Suite 208	PITTSBURGH	PA	15234	Allegheny
 - c/o:

Name of Commercial Registered Office Provider	County
- Check, and if appropriate complete, one of the following:
 - The amendment adopted by the limited partnership/limited liability company, set forth in full, is as follows:
 - The name of the limited liability company is Perigon 360, LLC.
 - The amendment adopted by the limited partnership/limited liability company is set forth in full in Exhibit A attached hereto and made a part hereof.
- Check, and if appropriate complete, one of the following:
 - The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.
 - The amendment shall be effective on: _____ at _____
 Date(MM/DD/YYYY) Hour (if any)

DSCB: 15-8622/8822-2

6. Check if the amendment restates the Certificate of Limited Partnership/Organization:

The restated Certificate of Limited Partnership/Organization supersedes the original Certificate of Limited Partnership/Organization and all previous amendments thereto.

IN TESTIMONY WHEREOF, the undersigned limited partnership/limited liability company has caused this Certificate of Amendment to be executed this 9th day of June, 2021.

Valeda RX, LLC

Name of Limited Partnership/Limited Liability Company

Diana D. Baar

Signature

Authorized Signatory

Title

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

07/29/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

Perigon 360, LLC

I, Veronica Degraffenreid, Acting Secretary of the Commonwealth of Pennsylvania, do hereby certify that the foregoing and annexed is a true and correct copy of

Amendment filed on Jul 7, 2021 Effective Aug 1, 2021 - Pages (2)

which appear of record in this department.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

A handwritten signature in black ink, appearing to read "Veronica W. Degraffenreid".


Acting Secretary of the Commonwealth

Certification Number: TSC210729161978-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

Entity# : 6338587
 Date Filed : 07/07/2021
 Effective Date : 08/01/2021
 Pennsylvania Department of State

PENNSYLVANIA DEPARTMENT OF STATE
 BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to: Madison Ritzley Name 1 S. Main Street Address Dayton OH 45402 City State Zip Code <input type="checkbox"/> Return document by email to: _____	Certificate of Amendment-Domestic Limited Partnership/Limited Liability Company DSCB:15-8622/8822(rev. 2/2017)  8622
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Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov>.

Fee: \$70.00

Check one: Limited Partnership (§ 8622) Limited Liability Company (§ 8822)

In compliance with the requirements of the applicable provisions (relating to certificate of amendment), the undersigned, desiring to amend its Certificate of Limited Partnership/Certificate of Organization, hereby certifies that:

- The name of the limited partnership/limited liability company is:
Perigon 360, LLC
- The date of filing of the original Certificate of Limited Partnership/Certificate of Organization:
12/23/2015
 Date(MM/DD/YYYY)
- The current registered office address on file with the Department of State: *Complete part (a) OR (b) – not both:*
 - 250 Mt Lebanon Blvd, Suite 208, PITTSBURGH, PA, 15234, Allegheny.

Number and Street	City	State	Zip	County
250 Mt Lebanon Blvd, Suite 208	PITTSBURGH	PA	15234	Allegheny
 - c/o:* _____
 Name of Commercial Registered Office Provider County
- Check, and if appropriate complete, one of the following:
 - The amendment adopted by the limited partnership/limited liability company, set forth in full, is as follows:
The name of the limited liability company shall be changed to Perigon Pharmacy 360, LLC
 - The amendment adopted by the limited partnership/limited liability company is set forth in full in Exhibit A attached hereto and made a part hereof.
- Check, and if appropriate complete, one of the following:
 - The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.
 - The amendment shall be effective on: 8/1/2021 at 12:00 AM
 Date(MM/DD/YYYY) Hour (if any)

DSCB: 15-8622/8822-2

6. Check if the amendment restates the Certificate of Limited Partnership/Organization:

- The restated Certificate of Limited Partnership/Organization supersedes the original Certificate of Limited Partnership/Organization and all previous amendments thereto.

IN TESTIMONY WHEREOF, the undersigned limited partnership/limited liability company has caused this Certificate of Amendment to be executed this 7th day of July, 2021.

Perigon 360, LLC
 Name of Limited Partnership/Limited Liability
 Company
Genese Hendrickson
 Signature
Chief Executive Officer
 Title