

M18000005634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

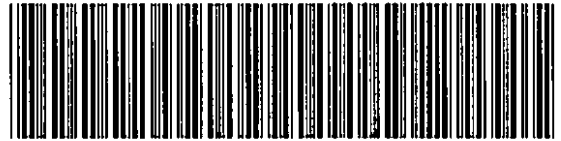
(Document Number)

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

Special Instructions to Filing Officer:

W18-62936 CW

Office Use Only



000315285990

07/02/18--01030--025 \*\*60.00

FILED  
18 JUL 26 AM 7:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K SALY  
JUL 27 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 10, 2018

ASSISTRX INC.  
B. MIA DONNA MOTA, ESQ.  
4700 MILLENIA BLVD, STE. 500  
ORLANDO, FL 32839

SUBJECT: PATIENT SOLUTIONS PHARMACY, LLC  
Ref. Number: M18000005634

We have received your document for PATIENT SOLUTIONS PHARMACY, LLC and your check(s) totaling \$60.00. 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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 318A00014187

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PATIENT SOLUTIONS PHARMACY, 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:

B. MIA DONNA MOTA, ESQ.

Name of Person

ASSISTRX INC.

Firm/Company

4700 MILLENIA BLVD, SUITE 500

Address

ORLANDO FL 32839

City/State and Zip Code

ARXLEGAL@ASSISTRX.COM

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

For further information concerning this matter, please call:

B. MIA DONNA MOTA, ESQ. at (407) 367-4483

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 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: PATIENT SOLUTIONS PHARMACY, 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: M18000005634

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 6/13/2018

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

5. New name of the limited liability company: ARX PATIENT SOLUTIONS 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

**FILED**  
18 JUL 26 AM 7:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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
--	--	--	---------------------------------

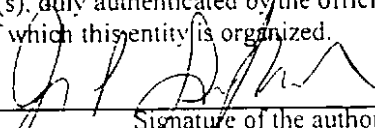
			<input type="checkbox"/> Add
--	--	--	------------------------------

			<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

**Jeffrey P. Spafford**

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

**FILED**  
**18 JUL 26 AM 7:10**  
**SECRETARY OF STATE**  
**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 "PATIENT SOLUTIONS  
PHARMACY, LLC". CHANGING ITS NAME FROM "PATIENT SOLUTIONS  
PHARMACY, LLC" TO "ARX PATIENT SOLUTIONS PHARMACY, LLC", FILED  
IN THIS OFFICE ON THE TENTH DAY OF MAY, A.D. 2018, AT 3:58  
O'CLOCK P.M.

FILED  
18 JUL 26 AM 7:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



  
Jeffrey W. Bullock, Secretary of State

6817153 8100  
SR# 20183611119

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202674421  
Date: 05-10-18

**CERTIFICATE OF AMENDMENT  
TO THE CERTIFICATE OF FORMATION  
OF  
PATIENT SOLUTIONS PHARMACY, LLC**

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 03:58 PM 05/10/2018  
FILED 03:58 PM 05/10/2018  
SR 20183611119 - File Number 6817153

Pursuant to Section 18-202 of the Delaware Limited Liability Company Act (the "Act"), the undersigned limited liability company hereby adopts the following Certificate of Amendment to its Certificate of Formation:

1. The name of the limited liability company is Patient Solutions Pharmacy, LLC.
2. The amendment adopted is as follows:

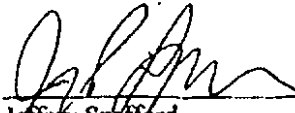
Section 1 of the Certificate of Formation is hereby deleted and replaced in its entirety with the following:

"1. The name of the limited liability company is ARx Patient Solutions Pharmacy, LLC"

3. The amendment was duly adopted on May 10, 2018, by the sole member of the limited liability company pursuant to an action by written consent in accordance with Section 18-302 of the Act.

Dated as of May 10, 2018

PATIENT SOLUTIONS PHARMACY, LLC

  
\_\_\_\_\_  
Jeffrey Spafford  
President

18 JUL 26 AM 7:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED