

M22000000859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

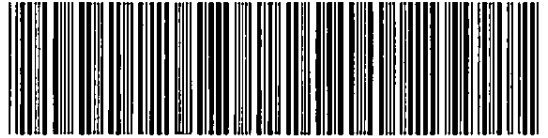
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:  
  
J. HORNE  
AUG 16 2024

Office Use Only



600434340466

2024 AUG 29 10:13 AM

FILED  
2024 AUG -8 PM 12:30  
OFFICE OF THE CLERK  
STATE OF ARIZONA



August 6, 2024

Florida Secretary of State  
Corporations Division  
2415 N. Monroe St.  
Suite 810  
Tallahassee, FL 32303

RE: Entity #M22000000859

Dear Sir or Madam:

Enclosed please find the officer update form for Option Care Infusion Suites, LLC.

Upon completion, please send to my attention at:  
3000 Lakeside Dr.  
Suite 300N  
Bannockburn, IL 60015

If you have any questions or need additional information, please feel free to contact me at (312)-940-2528 or email me at [och-corproatefilings@optioncare.com](mailto:och-corproatefilings@optioncare.com)

Sincerely,

*Michelle Mazzenga*

Michelle Mazzenga  
Senior Specialist

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Option Care Infusion Suites, 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:

Michelle Mazzenga

Name of Person

Option Care Infusion Suites, LLC

Firm/Company

3000 Lakeside Dr., Suite 300N

Address

Bannockburn, IL 60015

City/State and Zip Code

och-corporatefilings@optioncare.com

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

For further information concerning this matter, please call:

Michelle Mazzenga

Name of Person

at ( 312 ) 940-2528

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

**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: Option Care Infusion Suites, 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)**

**FILED**  
**2024 AUG -8 PM 12:31**  
**STATE**  
**SECRETARY OF STATE**

2. The Florida document number of this limited liability company is: M22000000859

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/18/2022

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

5. New name of the limited liability company: \_\_\_\_\_  
(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)(c), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Sarah Kim	3000 Lakeside Dr., Suite 300N	<input type="checkbox"/> Add
		Bannockburn, IL 60015	<input checked="" type="checkbox"/> Remove
Manager	Daniel Tardiff	3000 Lakeside Dr., Suite 300N	<input checked="" type="checkbox"/> Add
		Bannockburn, IL 60015	<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

Michael Shapiro

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

**Filing Fee: \$25.00**