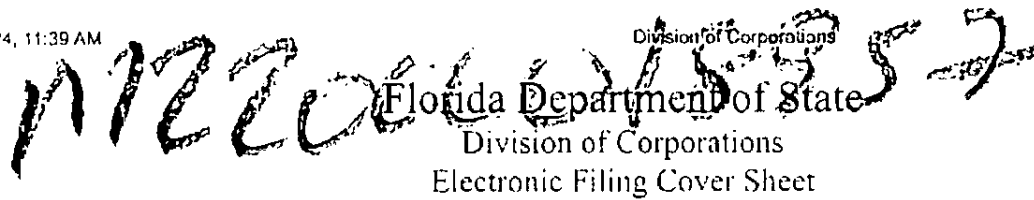


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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

RECEIVED
OCT-1 AM 9:01
CD

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
2024 OCT -1 PM 12:40
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MAGELLAN PHARMACY SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

10/01/24

Docusign Envelope ID: 2F623697-BD01-4483-80C8-668379E4ECAC

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: MAGELLAN PHARMACY SOLUTIONS, 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: M22000018957

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/20/2022

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

5. New name of the limited liability company: Prime Therapeutics Pharmacy Solutions 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

DocuSign Envelope ID: 2F623697-BD01-4483-80C8-668379E4ECAC

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>
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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.

Mark Renze
 1656936-14160444
 Signature of the authorized representative

MARK RENZE, CFO

 Typed or printed name of signee

Filing Fee: \$25.00

DocuSign Envelope ID: B7BC52BB-73ED-41C2-B961-9322FC0BF6C7

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: MAGELLAN PHARMACY SOLUTIONS, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Name Change of LLC with an effective date of change on 10/1/2024
Current name of the LLC - MAGELLAN PHARMACY SOLUTIONS, LLC
New name of the LLC - Prime Therapeutics Pharmacy Solutions LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 5th day of September, A.D. 2024.

DocuSigned by:
Mike Kolar
By: 43255CE19F06436
Authorized Person(s)

Name: Michael Kolar, Secretary
Print or Type

2024 OCT -1 AM 9:01
STATE OF DELAWARE