Florida Department of State Division of Corporations Florida Department of State Division-of Corporations 41 Electronic Filing Cover Sheet

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.

(((H25000183855 3)))



H250001838553ABC#

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:

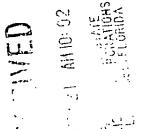
Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178

Fax Number : (323)372-3532

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

Fmail	Address:		
	MUUIÇSS.		



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNION CARE PHARMACY, LLC

Certificate of Status	
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

K. SALY

MAY 2 2 2025

Electronic Filing Menu

Corporate Filing Menu

Help

PH I:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

(((H25000183855 3)))

SECTION I (1-4 must be completed)

State: Union Care Pharmacy LLC		
nter new principal office address, if applicable	304 Corporate Drive, Suite A	i Department of
rincipal office address		
<u>(UST BE A STREET ADDRESS)</u>	Houma, LA 70360	
nter new mailing address, if applicable:	304 Corporate Drive, Suite A	ĘĘ kB.C
<u> 1ailing address</u>		
AY BE A POST OFFICE BOX)	House 1 A 70360	
The Florida document number of this limited		
Jurisdiction of its organization: Louisiana		
Date authorized to do business in Florida: 01	1/07/2025	
ECTION II (5-9 complete only the applicab	le changes)	
New name of the limited liability company: (n		
(n	nust contain "Limited Liability C	Company, ""L.L.C" or "L.L.C."
f name unavailable, enter alternate name adopopy of the written consent of the managers or rust contain "Limited Liability Company," "L. If amending the registered agent and/or regist	managing members adopting the .L.C." or "LLC.")	alternate name. The alternate na
gistered agent and/or the new registered office		
ame of New Registered Agent:		
ew Registered Office Address:	Ent in Elim	ida Censar Adduse :
ew Registered Office Address:	Enter Flor	ida Street Address , Florida

liability company has been notified in writing of this change.

7. If the amendment	t changes the jurisdiction of organiz	ration, indicate new jurisdiction:	(((H25000183855 3)))
8. If the amendment	changes person, title or capacity in a	necordince with 605 0902 (1)(e), indica	ue that change:
Title/Capacity	<u>Name</u>	Address	Type of Action
			□Add
			To la
			Remove co
			□Add
			URemove
			□Remove
			□Add
aforementioned a	r the law of which this entity is orga	y the official having custody of record	TRemove
	P _E		
		the authorized representative	
	THANH NGUYEN		
	Typed or pri	nted name of signee	-

Page 3 of 3

Filing Fee: \$25.00