

CT CORPORATION SYSTEM

CORPORATION(S) NAME

**M960000000459**

Medco Health Prescription Solutions, L.L.C.

formerly: PAID Prescriptions, L.L.C.

APPROVED  
AND  
FILED

02 JUL 19 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

RECEIVED  
02 JUL 19 PM 11:29  
DIVISION OF CORPORATION

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Profit              | <input checked="" type="checkbox"/> Amendment   | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit           |   |   |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
|  | <input type="checkbox"/> Reinstatement          |   |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input type="checkbox"/> LLC                 | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> Change of RA       |
|  | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photocopies            | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out            |   |   |

Name \_\_\_\_\_  
 Availability \_\_\_\_\_  
 Document \_\_\_\_\_  
 Examiner \_\_\_\_\_  
 Updater \_\_\_\_\_  
 Verifier \_\_\_\_\_  
 W.P. Verifier \_\_\_\_\_

7/19/02

Order#: 5476079

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

660 East Jefferson Street  
 Tallahassee, FL 32301  
 Tel. 850 222 1092  
 Fax 850 222 7615

500006528055-9  
 -07/19/02-01028-015  
 \*\*\*\*\*25.00 \*\*\*\*\*25.00

**JB**  
**7-19-02**

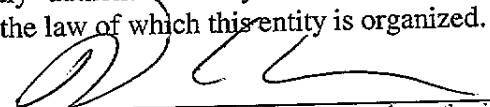
**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO  
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of State: PAID Prescriptions, L.L.C.
2. Jurisdiction of its organization: Nevada
3. Date authorized to do business in Florida: 11-20-96

**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 7/15/02
5. New name of the limited liability company: Medco Health Prescription Solutions, L.L.C.
6. If the amendment changes the period of duration, indicate new period of duration: \_\_\_\_\_
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: \_\_\_\_\_
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: \_\_\_\_\_
9. Attached is an original certificate, 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.

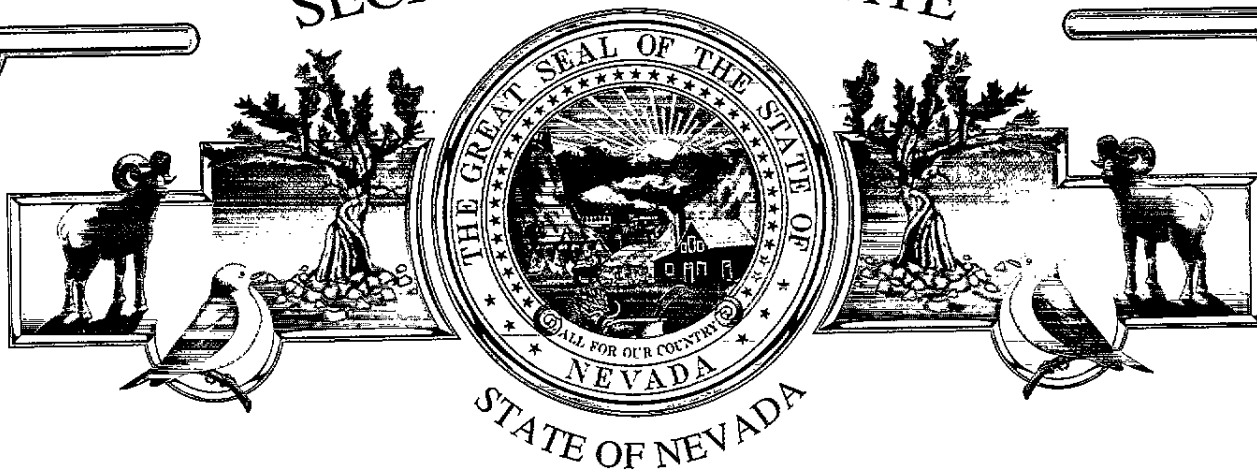
  
\_\_\_\_\_  
Signature of a member or the authorized  
representative of a member

Daniel C. Walden

Typed or printed name of signee

02 JUL 19 PM 1:23  
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TALLAHASSEE, FLORIDA

# SECRETARY OF STATE



## CERTIFICATE OF NAME CHANGE

I, DEAN HELLER, the duly qualified and elected Nevada Secretary of State, do hereby certify that on July 15, 2002, a Certificate of Amendment to its Articles of Organization changing the name to **MEDCO HEALTH PRESCRIPTION SOLUTIONS, L.L.C.**, was filed in this office by **PAID PRESCRIPTIONS, L.L.C.** Said change of name has been made in accordance with the laws of the State of Nevada and that said Certificate of Amendment is now on file and of record in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on July 16, 2002.



A handwritten signature in cursive script, reading "Dean Heller".

DEAN HELLER  
Secretary of State

By

A handwritten signature in cursive script, reading "W. S. Dried".  
Certification Clerk