P100000l5220

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MCNAIR

COVER LETTER

TO: Amendment Section
   Division of Corporations

NAME OF CORPORATION: Wellcare Pharmacy Services, Inc.

DOCUMENT NUMBER: P10000015220

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frank Pomarico
_____
Name of Contact Person

Benzer Pharmacy
_____
Firm/Company

5908 Breckenridge Parkway
_____
Address

Tampa, FL 33610
_____
City/State and Zip Code

fpomarico@benzerpharmacy.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Pomarico   813   304-2221 x 113
_____ at (_____) _____
        Name of Contact Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ $35 Filing Fee   ☐$43.75 Filing Fee &   ☐$43.75 Filing Fee &   ☐$52.50 Filing Fee
                      Certificate of Status   Certified Copy   Certificate of Status
                                               (Additional copy is   Certified Copy
                                               enclosed)   (Additional Copy
                                                                        is enclosed)

Mailing Address   **Street Address**
Amendment Section   Amendment Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                                    Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Wellcare Pharmacy Services, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P10000015220

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A _____ *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A _____

_____
(Florida street address)

New Registered Office Address: _____, Florida_____
                                                        (City)   *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

_____
Signature of New Registered Agent, if changing

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change ___ Add X ___ Remove	MGRM	Benzer Pharmacy Holding LLC	5908 Breckenridge Parkway Tampa, FL 33610
2) ___ Change X ___ Add ___ Remove	PS	Manish Patel	5908 Breckenridge Parkway Tampa, FL 33610
3) ___ Change X ___ Add ___ Remove	VT	Alpesh Patel	5908 Breckenridge Parkway Tampa, FL 33610
4) ___ Change ___ Add ___ Remove			
5) ___ Change ___ Add ___ Remove			
6) ___ Change ___ Add ___ Remove			

E. If amending or adding additional Articles, enter changes(s) here:
  (Attach *additional sheets, if necessary).* *(Be specific)*

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
  (if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: _____; if other than the
date this document was signed.

Effective date _if applicable_: _____

<center>(no more than 90 days after amendment file date)</center>

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)　　　　　　(**CHECK ONE**)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. _The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):_

　　　"The number of votes cast for the amendment(s) was/were sufficient for approval

　　　by _____."

<center>(voting group)</center>

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

　　　　　　　　November 2, 2017
Dated _____

Signature _____
　　　　　(By a director, president or other officer – if directors or officers have not been
　　　　　selected, by an incorporator – if in the hands of a receiver, trustee, or other court
　　　　　appointed fiduciary by that fiduciary)

_____
Alpesh Patel
(Typed or printed name of person signing)

_____
Vice President / Treasurer
(Title of person signing)

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