



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

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AMD

Michael G. Adams  
Kentucky Secretary of State  
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Division of Business Filings  
P.O. Box 718  
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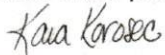
Amended Certificate of Authority  
(Foreign Business Entity)

FCA

Pursuant to the provisions of KRS Chapter KRS 14A.9 - 040 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

1. The business entity is: ☐ profit corporation ☐ nonprofit corporation.  
☐ professional service corporation ☐ business trust  
☒ limited liability company ☐ limited partnership  
☐ professional limited liability company ☐ statutory trust  
☐ limited cooperative association ☐ non-profit LLC  
☐ other
2. The name of the company is: KROGER SPECIALTY PHARMACY FL 2, LLC  
(The name must be identical to the name on record with the Secretary of State.)
3. It is an entity organized and existing under the laws of the state or country of Delaware.
4. The entity received authority to transact business in Kentucky on 11/17/2011.
5. The entity has changed its (check all that apply)  
☒ Domicile name to BioPlus Specialty Pharmacy FL 2, LLC  
☒ Name to be used in Kentucky to BioPlus Specialty Pharmacy FL 2, LLC  
☐ Jurisdiction of organization to \_\_\_\_\_  
☐ Period of duration \_\_\_\_\_  
☐ Form of organization \_\_\_\_\_  
☐ Management type: ☐ Member managed ☒ Manager managed
6. This application will be effective upon filing.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

	KARA KOROSEC	MANAGER	11/01/2024
Signature of Authorized Representative	Printed Name	Title	Date