



























## **EXHIBIT A**

HEALTHSMART CERTIFICATE OF AMENDMENT



Telephone: 877.767.3453

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

## Filing Form Cover Letter

#### Please return the approval certificate to:

Name (Individual or Bu	usiness Name):					
To the Attention of	Of (if necessary):					
	or (in necocoury).					
Address:						
City:						
State			ZIP Code:			
Phone Number:		E-mail Address:				
Business Services. Check here if you	s. I would like to be signed up fo	or our Filing Notification Sy	he Ohio Secretary of State's off stem for the business entity be a email when any document is t	ing created or		
	or money orders payable to eing Requested: (PLE					
<b>Regular Service:</b> Only the filing fee listed on page one of the form is required and the filing will be processed in approximately 3-7 business days. The processing time may vary based on the volume of filings received by our office.						
			n addition to the regular flays after it is received by ou			
Expedite Service 2: By including an Expedite fee of \$200.00, in addition to the regular filing fee on page one of the form, the filing will be processed within 1 business day after it is received by our office. This service is only available to walk-in customers who hand deliver the document to the Client Service Center.						

o examined for the purpose of advising as to the acceptability of the proposed filing for a fee of \$50.00. The Preclearance will be complete within 1-2 business days.

Preclearance Filing: A filing form, to be submitted at a later date for processing, may be submitted to be

**Expedite Service 3:** By including an Expedite fee of \$300.00, in addition to the regular filing fee on page • one of the form, the filing will be processed within 4 hours after it is received by our office, if received by 1:00 p.m. This service is only available to walk-in customers who hand deliver the document to the Client Service Center.

Docusign Envelope ID: F52F247F-5088-4D3D-943F-FA67453D07A6 Form 611 Prescribed by:



Telephone: 877.767.3453

OhioSoS.gov

business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

For screen readers, follow instructions located at this path.

#### Mail this form to one of the following:

Regular Filing (non expedite) P.O. Box 1329 Columbus, OH 43216

Expedite Filing (Two business day processing time. Requires an additional \$100.00)

P.O. Box 1390 Columbus, OH 43216

## **Domestic Limited Liability Company Certificate of Amendment or Restatement**

Filing Fee: \$50 Form Must Be Typed

(CHECK ONLY ONE (	(1)	) BOX
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(1) Domestic Limited Liability Company			(2) Domestic Limited Liability Company			
X Amendr	ment (129-LAM)		Resta	Restatement (142-LRA)		
HealthSmart I	Rx Solutions, LLC					
Name of Limit	ted Liability Company					
751968						
Registration N	Number					
Optional:	Effective Date (MM/D	D/YYYY)		Effective Time		
Sec of n	retary of State for filing	g under this chapte ys following the da	r may specify an e te of receipt by th	cate of amendment deli- effective time and a delate e Secretary of State. A	ayed effective date	
anie	endinent is enective as	provided in Onio r	Nevised Code Sec	Juli 1700.172(D).		
		nly complete sect	ions that apply.	If box (2) Restatement	t is checked, all	
sections below	must be completed.					
Name of Limite	ed Liability Company	LucyRx Health Sol	utions Ohio, LLC			
	, , , [	(Name	must include one of th	e following words or abbrevia		
		"limited	iability company", "lim	ited", "LLC", "L.L.C.", "Itd.", or	r "ltd".)	
Purpose						
					1	
If applical	ble. attach a statemer	nt as provided in	division (B)(3) of	section 1706.761 of tl	ne Ohio	

Form 611 Page 2 of 4 Last Revised: 01/2022

# Instructions for Limited Liability Company Certificate of Amendment or Restatement

This form should be used if you wish to file an amendment or restatement to the articles of organization for a domestic limited liability company. Pursuant to Ohio Revised Code section 1706.161, the articles of organization may be amended or restated at any time. If you wish to file an amendment, please select box 1. If you wish to file a restatement, please select box 2.

### **Limited Liability Company Information**

Provide the name of the limited liability company and the registration number.

#### **Effective Date and Effective Time (Optional)**

Pursuant to Ohio Revised Code Section 1706.172(D), a certificate of amendment delivered to the Ohio Secretary of State for filing under this chapter may specify an effective time and a delayed effective date of not more than ninety days following the date of receipt by the Secretary of State. A certificate of amendment is effective as provided in Ohio Revised Code Section 1706.172(D).

#### Name of Limited Liability Company

If you choose to change the name of the limited liability company, the name must contain one of the following: "limited liability company", "L.L.C.", "LLC", "limited", "Itd.", or "Itd". Further, the name must be distinguishable on the records of the secretary of state from the name of other business entities.

#### **Purpose Clause (Optional)**

A purpose clause may be provided but is not required. A limited liability company may carry on any lawful activity, whether or not for profit.

#### **Additional Provisions**

If applicable, attach a statement as provided in division (B)(3) of section 1706.761 of the Revised Code to state that the LLC may have one or more series of assets subject to limitations. Additional provisions must be attached on a single-sided, 8 ½ by 11 sheet (s) of paper.

#### Signature Required

After completing all required information on the filing form, please make sure that page 4 is signed by at least one person authorized by the limited liability company.

If the person is an individual, then he or she must sign on the "signature" line and print his or her name in the "Print Name" Box.

If the person is a business entity, please print the name of the entity in the "Signature" box and an authorized representative of the business must sign in the "By" box and print his or her name and title or authority in the "Print Name Box."

A typed name signifies an "intent to sign" which is acceptable.

#### Note

Our office cannot file or record a document which contains a Social Security number or tax identification number. Please do not enter this information in any format on this form.



7809 Woodmont Avenue Suite 200 Bethesda, Maryland 20814 www.LucyRx.com

#### CERTIFICATION OF APPLICANT'S BY-LAWS

I, Martin James Payne, hereby certify, under penalty of perjury, that I am the duly elected, qualified and acting Secretary of LucyRx Health Solutions Ohio, LLC, an Ohio limited liability company, and in my capacity as such officer, I further certify that the attached document is a true and correct copy of the by-laws regulating the conduct of LucyRx Health Solutions Ohio, LLC's internal affairs.

DATED this \_\_\_\_\_\_\_ day of October, 2024.

MAPTIN PRINE

Name

Signature

This instrument was acknowledged before me by means of physical presence, the above named Martin James Payne, personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein, are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this \_\_\_\_15<sup>+n</sup>\_ day of October, 2024.

Alexandria Valentina

(Notary Public)

ALEXANDRIA VALENTINO
Notary Public - State of Maryland
Montgomery County
My Commission Expires Dec 5, 2027

Signature

(SEAL) My commission expires: December 5, 2027