

L15000011729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

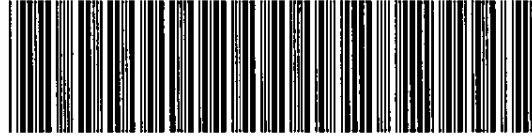
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Shirley FEB 18 2015

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** American Rx Direct LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shanna Morris  
Name of Person

American Rx Direct LLC  
Firm/Company

P.O. Box 3750  
Address

Hallandale, FL 33008  
City/State and Zip Code

smorris@cinerayhealth.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shanna Morris at (305) 792-9996  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

American Rx Direct, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/20/2015 and assigned Florida document number L15000011729.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 3750  
Hallandale, FL 33008

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Daniel Towizer

New Registered Office Address:

20801 Biscayne Blvd., Ste #400  
Enter Florida street address

Sunrise

Florida

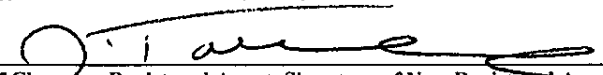
City

33180  
Zip Code

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TALLAHASSEE  
FLORIDA

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
**If Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgr	<u>Daniel Suster</u>	<u>10251 W. Oakland Park Blvd</u>	<input type="checkbox"/> Add
		<u>Sunrise, FL 33351</u>	<input checked="" type="checkbox"/> Remove
		_____	
AmBR	<u>Daniel Towizer</u>	<u>20801 Biscayne Blvd. #403</u>	<input checked="" type="checkbox"/> Add
		<u>Aventura, FL 33180</u>	<input type="checkbox"/> Remove
		_____	
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
		_____	<input type="checkbox"/> Add
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		_____	
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

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 STATE OF FLORIDA  
 COUNTY OF PALM BEACH

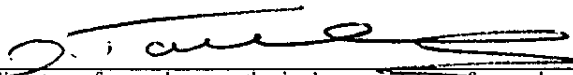
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 11, 2015.

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

Daniel Fowler  
\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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STATE OF FLORIDA  
TALLAHASSEE