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Effective - O6/22/2018

SECRETARY OF A SAFE

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COVER LETTER

Division of Con			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filling.	
Please return all correspondent	ondence concerning this matter	to the following:	
	JON COSIE		
		Name of Person	
	HCGRX LLC		
		Firm/Company	
	15339 FIOREZA CIRCL	E 8605 OLD 15	nompron ROAL
		Address	
	DELRAY BEACH FL 33	146 CHESTER FIELD,	VA 23832
	JNASH@VERTICALMAI		
		to be used for future annual report notific	ration)
For further information of	concerning this matter, please c	all:	
JON COSIE		561 3965452	
Name (of Person		Felephone Number
Enclosed is a check for t	he 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)
MAIL	ING ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HCGRX LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L16000063617	Company were filed on 3/31/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SECRETARY OF STATEMENT OF CHREGISTA
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, <u>e</u> ress here:	nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	la
	City	Zip Code

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	ANN MARTINEZ	228 PARK AVE S #59162	≅ Add
		NY NY 10003	Remove
			☐ Change
MGR VERONICA ALVES	VERONICA ALVES	PO BOX 57762	
		JACKSONVILE, FL 32241	В Remove
		 	□ Change
			D Add
			☐ Remove
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			Remove
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			☐ Remove
			☐ Change

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fective date, if other than the an effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the December 1.	be specific and cannot be prior to date of filing or more to ck does not meet the applicable statutory filing re	(optional) than 90 days after filing.) Pursuant to 605,020 quirements, this date will not be listed a
e record specifies a delayed The 90th day after the reco	effective date, but not an effective time and is filed.	e, at 12:01 a.m. on the earlier o
JUNE 15	2018	
	Toresa Corin	
	Signature of a member or authorized representative of a	

Page 3 of 3

Filing Fee: \$25.00