

L160001828013ABCZ
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H23000182801 3)))



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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

2023 MAY 17 AM 11:55

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TRUSTEDMEDRX, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 05 |
| Estimated Charge | \$55.00 |

2023 MAY 17 AM 12:08

COVER LETTER

**TO: Registration Section
Division of Corporations**

H23000182801

SUBJECT: TrustedMedRx, 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:

Nicholas Eudaly

Name of Person

TrustedMedRx, LLC

Firm/Company

1200 South Rogers Circle, Suite 4A

Address

Boca Raton, FL 33487

City/State and Zip Code

n.eudaly@cue.me

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicholas Eudaly

561 206-6688
at () _____
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H23000182801

TrustedMedRx, 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 09/27/2016 and assigned Florida document number L16000180553.

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 contain 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)

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:

Nicholas Eudaly

New Registered Office Address:

1200 South Rogers Circle, Suite 4A

Enter Florida street address

Boca Raton

Florida

33487

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.

/s/ Nicholas Eudaly

If Changing Registered Agent, Signature of New Registered Agent

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

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MGR = Manager
 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|--------------------------|--|
| AMBR | Stephen Wolfe | 17734 Cadena Drive | <input type="checkbox"/> Add |
| | | Boca Raton, FL 33496 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Bryan Plonsky | 1200 S Rogers Circle #4 | <input type="checkbox"/> Add |
| | | Boca Raton, FL 33487 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Nicholas Fudaly | 1200 South Rogers Circle | <input checked="" type="checkbox"/> Add |
| | | Suite 4A | <input type="checkbox"/> Remove |
| | | Boca Raton, FL 33487 | <input type="checkbox"/> Change |
| MGR | Joshua Heiblum | 1200 South Rogers Circle | <input checked="" type="checkbox"/> Add |
| | | Suite 4A | <input type="checkbox"/> Remove |
| | | Boca Raton, FL 33487 | <input type="checkbox"/> Change |
| MGR | Bryan Plonsky | 1200 S Rogers Circle #4 | <input type="checkbox"/> Add |
| | | Boca Raton, FL 33487 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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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)**
 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 16 _____, 2023 _____.

/s/ Nicholas Eudaly, Manager
Signature of a member or authorized representative of a member

Nicholas Eudaly
Typed or printed name of signer