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## **COVER LETTER**

TO:	Regis Divis	stration Sec sion of Corp	tion porations		
CUBIE		RX ASTON	MARTIN, LLC		
SUBJE	.C1: _		Name of Limi	ted Liability Company	
The end	closed	Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please	return :	all correspor	ndence concerning this matter	to the following:	
			INDYARA CATRAMBY	ANDION PIQUET	
				Name of Person	A Company of the Comp
			PIQUET LAW FIRM PA		
				Firm/Company	
			1000 Brickell Avenue, Sui	te 201	
				Address	
			Miami, Florida 33131		
			janini@piquetlawfirm.com	City/State and Zip Code	
				to be used for future annual report notifi	cation)
For fur	ther in	formation co	oncerning this matter, please ca	all: .	
INDY	ARA C	CATRAMBY	Y ANDION PIQUET	786 558-8054 at ()	
		Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a	check for th	e following amount:		
<b>\$2</b> :	5.00 Fi	ling 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 radditional 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

RX ASTON MARTIN, 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  $\frac{01/30/2017}{2}$ and assigned Florida document number \_\_\_\_\_L17000022609 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RX AM, LLC 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 attending 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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

<u>Title</u>	Name	Address	Type of Action
			☐ Add
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Filing Fee: \$25.00