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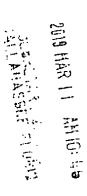
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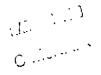




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COVER LETTER

TO:

Registration Section

Division of Co	orporations		
	RX PT LLC		
SUBJECT:	Name of Lim	ited Liability Company	
			A. S.
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.) (항:
Please return all corresp	pondence concerning this matter	to the following:	3:
	GRACE C LEWIS CPA		
	GRACE C LEWIS CPA P.	Name of Person	
		Firm/Company	
	1440 BLOOMINGDALE	AVE	
	VALRICO, FL 33596	Address	
	grace@gracelewiscpa.com	City/State and Zip Code	
For further information	E-mail address: (concerning this matter, please co	to be used for future annual report noti all:	fication)
GRACE C LEWIS CP.	A	813 681-4548 at ()	
Name	of Person	Area Code Daytim	e 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)
Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	en rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE WORX PT LLC		Bar Fr
(Name of the Limited Liah (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)	23
The Articles of Organization for this Limited Liability	Company were filed on 02/26/2019	and assigned
Florida document number L19000056055	·	
This amendment is submitted to amend the following:		.
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regressered agent and/or the new registered office ac	· ·	enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	rmer r tortaa street adaress	
<u> </u>		da
	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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JAMES L ENGLISH	13432 BOYETTE RD RIVERVIEW, FL 33569	Add
			Remove
			Change
MGR	MARYAM ENGLISH	13432 BOYETTE RD RIVERVIEW, FL 33569	A dd
			□ Remove
			□ Change
MGR	HENRY VELOZ	14601 HEATHERMERE LN ORLANDO, FL 32837	Add
			☐ Remove
			☐ Change
			Remove
			Change
	-	_	
			Remove
			Change
			□ Add
			☐ Remove
			☐ Change

			
			
			
Effective date lif other than th	e date of filing:		(optional)
Effective date, if other than the liften effective date is listed, the date many the liften effective date inserted in this bedocument's effective date on the liften effective date.	block does not meet the appli-	cable statutory filing requireme	lays after filing.) Pursuant to 605.0207 ents, this date will not be listed as
ne record specifies a delaye The 90th day after the re		ot an effective time, at 1	2:01 a.m. on the earlier o
MARCH 7	2019		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00