

LO6000033488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

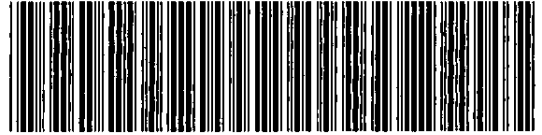
(Business Entity Name)

(Document Number)

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FILED
10 APR 18 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

APR 20 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

A2JRX, 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:

RAJESH PATEL

Name of Person

A2JRX, LLC D/B/A THE MEDICINE SHOPPE

Firm/Company

5380 GULF OF MEXICO DRV #101

Address

LONGBOAT KEY, FL 34228

City/State and Zip Code

Medicineshop1738@yahoo.com

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

For further information concerning this matter, please call:

AJAY PATEL

Name of Person

at (941) 387-9880

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 6377
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**

A 2 J R X, LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 03/30/2006 and assigned
Florida document number 206000033488

This amendment is submitted to amend the following:

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

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)

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: N/A

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

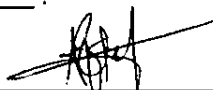
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
DIRECTOR	RAJESH PATEL	5380 GULF OF MEX. DRIVE UNIT #101 LONGBOAT KEY FL 34288 941-387-9880.	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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TALLAHASSEE
STATE
SECRETARY

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

WE ARE ADDING PRIMARY DIRECTOR'S NAME
HERE.

Dated 04/05/2010


Signature of a member or authorized representative of a member

RAJESH PATEL
Typed or printed name of signee