

L06000033488

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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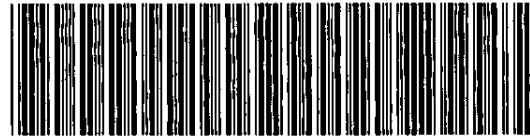
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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A & J RX, 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:

PATEL RAMESHBHAI H

Name of Person

A & J RX, LLC

Firm/Company

8324 US HWY 301 N

Address

PARRISH, FL - 34219

City/State and Zip Code

Medicineshop1738@yahoo.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

PATEL RAMESHBHAI H

Name of Person

at ( 224 ) 789-9091

Area Code & Daytime Telephone Number

OR (941) 479-7904

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/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 & J R X , 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 03/30/2006 and assigned  
Florida document number L06000033488.

This amendment is submitted to amend the following:

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

A & J R X , LLC

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:

8324 US HWY 301 N

**(Principal office address MUST BE A STREET ADDRESS)**

PARRISH , FL-34219

Enter new mailing address, if applicable:

SAME AS ABOVE

**(Mailing address MAY BE A POST OFFICE BOX)**

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2003 JUL 15 PM 05 06  
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TALLAHASSEE, FLORIDA

**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: PATEL RAMESHBHAI H

New Registered Office Address: 8324 US HWY 301 N

*Enter Florida street address*

PARRISH, Florida 34219  
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>
DIR	PATEL RAMESHBHAI H	8324 US HWY 301 N, PARRISH, FL-34219	Add
	PATEL AJAY		Remove
OFF	PATEL RAMESHBHAI H	8324 US HWY 301 N, PARRISH, FL-34219	Add
	PATEL AJAY		Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

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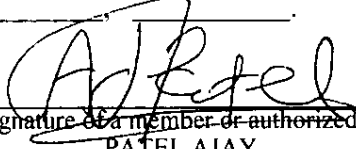
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

AS OF GIVEN DATE BELOW WE ARE HERE BY REMOVING PATEL AJAY AS A REGISTERED AGENT

OFFICE AND DIRECTOR AND ADDING PATEL RAMESHBHAI H AS A REGISTERED AGENT, OFFICER  
AND DIRECTOR.

Dated 07/11/2013

  
Signature of a member or authorized representative of a member  
PATEL AJAY

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

**FILED**  
**2013 JUL 15 PM 3 06**  
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