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(Re	equestor's Name)	
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TALLAHASSEE, TLU . J.

MAY 17 2016 S. YOUNG

COVER LETTER . .

TO: Registration Section Division of Corpora		· ·	*
SUBJECT: ASS	ured RX L	ited Liability Company	
The enclosed Articles of Ame	endment and fec(s) are sub-	<u>-</u>	
Please return all corresponder	nce concerning this matter	to the following:	
-	Joalyn I	Davis Name of Person	Suite 230 = 1:28
-	13555	Automobile Blvo Firm/Company	Suite 230 = ==
-	Clearwa	ter, FL 33762	16 ASSE
		Address	
_	Joalyn &	City/State and Zip Code OSSURED TX. W to be used for future annual report notification	
For further information conce	rning this matter, please ca	all:	
Nitesh Pat Name of Pers	el son	at (127) 459 - 3 Area Code Daytime Tele	5715 ephone Number
Enclosed is a check for the fol	_		
\$25.00 Filing Fee	1 \$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

Assured RX LLC

(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number L080000 a 85a3	were filed on My 19, 2008 and assigned
This amendment is submitted to amend the following:	D WELL
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	13555 Automobile Bivois Suite 230 = 27 Clearwater, FL 33762
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Suite 23D Clearwater, FL 33767
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent: n1+c5h	Patel
New Registered Office Address: 13555	Hutomphik BlW #230 Enter Florida street address 237107
Cyara	City, Florida 3310 F
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office of	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

company has been notified in writing of this change.

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

MGR = Manager AMBR = Authorized Member <u>Title</u> **Type of Action** <u>Name</u> **Address** 8902 n. Dale Mabry Hwy, Suite 114 P radio Patel _ 🗆 Add Remove Tampa, FL 331214 ☐ Change □ Add ☐ Remove □-Remov ☐ Change ☐ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove

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	BIVD #230
Clear water, FL 3	3762
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 e: If the date inserted in this block does not meet the applicable statutory filing requires	0 days after filing.) Pursuant to 605.0
ument's effective date on the Department of State's records.	memo, and date will not be hotel
ecord specifies a delayed effective date, but not an effective time, at ne 90th day after the record is filed.	12:01 a.m. on the earlier
ed May 1, 13, 2016.	
$J \sim J \sim$	

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Filing Fee: \$25.00