

LO9000034765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

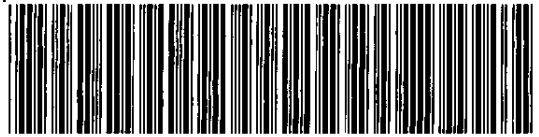
(Document Number)

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FILED  
10 MAR -2 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES  
REC-2  
EXAMINER

S. HAWKES  
MAR \_ 3 2010  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 12, 2010

SCOTT GOSTYLA  
1700 ARABIAN LANE  
PALM HARBOR, FL 34685

SUBJECT: TWE RX HEALTHCORP, LLC  
Ref. Number: L09000034765

We have received your document for TWE RX HEALTHCORP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 710A00003633

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TWE RX HealthCorp 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:

Scott Gostyla

Name of Person

That Was Easy LLC

Firm/Company

1700 Arabian Lane

Address

Palm Harbor, Florida, 34685

City/State and Zip Code

sg@twerx.com

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

For further information concerning this matter, please call:

Scott Gostyla

Name of Person

at ( 727 )

424-1447

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 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**

**TWE RX HealthCorp LLC**

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

**FILED**  
**10 MAR -2 AM 11:36**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

The Articles of Organization for this Limited Liability Company were filed on 4/10/2009 and assigned  
Florida document number L09000034765.

This amendment is submitted to amend the following:

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

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)**

2020 Seven Springs Blvd

New Port Richie Florida 34655

**Enter new mailing address, if applicable:**

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

1700 Arabian Lane

Palm Harbor Florida 34685

**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:

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>
MGR	Dr. David Hirschauer	2020 Seven Springs Blvd New Port Richie, FL 34655	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Anastasia Koski	1700 Arabian Lane Palm Harbor, Florida 34685	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	That Was Easy LLC	1700 Arabian Lane Palm Harbor FL 34685	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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SECRETARY OF STATE

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated Feb 24 2010 , \_\_\_\_\_

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Scott Gostyla  
Typed or printed name of signee