

L09000095500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

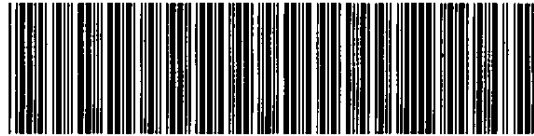
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY -5 AM 10:57

T. HAMPTON
MAY 10 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RX Property
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:

Ryan Lukaszewski
Name of Person

RX Property Doctor LLC
Firm/Company

11 Ram Bay PL
Address

Palm Coast FL 32164
City/State and Zip Code

~~RAPID~~ RXPropertyDoctor@Live.Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan Lukaszewski at (386) 564-9689
Name of Person 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**

Rx Property Doctors

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

10 MAY -5 AM 10:58

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

The Articles of Organization for this Limited Liability Company were filed on 10/2/2009 and assigned
Florida document number 109000095500

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)

531 Cypress Edge DR suite 0003
Palm Coast
FL 32164

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11 Ran Bay PL
Palm Coast FL 32164

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:

Ryan Lukaszewski

New Registered Office Address:

531 Cypress Edge DR Suite 0003

Enter Florida street address

Palm Coast

City

Florida

32164

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.

[Signature]
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	Stephen Sabine	58 Fleming CT Palm Coast FL 32137	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Deborah Petkovsek	155 Birchwood DR Palm Coast FL 32137	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Ryan Lukaszewski	11 Ranbury PL Palm Coast FL 32164	<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

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

Dated _____, _____.

Stephen Sabine
Signature of a member or authorized representative of a member
Stephen Sabine
Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 May - 5 AM '15