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Certified Copies	_ Certificates	of Status
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K. SALY APR 2 8 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations								
SUBJECT: AVER 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:								
RADOSUETA RIZZO  Name of Person								
Firm/Company								
50 EAST RO. #9F  Address								
DELRAY BEACH, FL 33483 City/State and Zip Code								
DELLAY BEACH, FL 33483  City/State and Zip Code  60CAGIRLS 3 2 9Mail. COM  E-mail address: (to be used for future adnual report notification)								
For further information concerning this matter, please call:								
RADOS VETA PIZZO at (561) 189.1585  Name of Person Area Code Daytime Telephone Number								
Enclosed is a check for the following amount:								
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  \$\Bigcup \$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

FILED
2017 APR 26 PM 12: 1:1

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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 605, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Zip Code

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

MGR = Manager
AMBR = Authorized Member

Title Name MGR RADOSVETA RIZZO	Address Type of Action 50 EAST Rd. #9 F. Delnay Brach Made FL 33498
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NOUSER ROBERTURALE THOUSE	Add
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GR RADOSUETA RIZZO REVOCAL	eTRUST, 50 EAST Rd \$9F DelRay BEGARD, FL33483
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			not an eff	ective time,	at 12:01 a	a.m. on th	ne earlier of:
4-18	17						
	Signature of	a member or a	tally uthorized refri	sentative of a n	nember		<del>===</del>
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Page 3 of 3

Filing Fee: \$25.00