

#L09000115939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

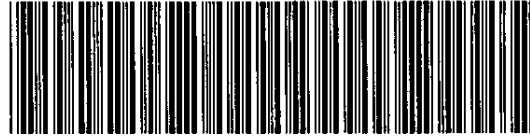
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/26/15--01059--007 **25.00

FILED
2015 JUN 10 AM 9:38
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
JUN 11 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 JUN 10 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 1, 2015

FREEDOM RX LLC
PO BOX 789
OCALA, FL 34478

SUBJECT: FREEDOM RX LLC.
Ref. Number: L09000115939

We have received your document for FREEDOM RX 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):

The registered agent must sign accepting the designation.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 615A00011459

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FREEDOM RX LLC

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

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2015 JUN 10 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/07/2009 and assigned
Florida document number L09000115939.

This amendment is submitted to amend the following:

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

FastCare Rx, 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 789

Ocala FL 34478

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:

Raghavendra G Kulkarni

New Registered Office Address:

2955 SE 3rd Court

Enter Florida street address

Florida

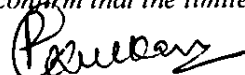
Florida 34471

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 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.



If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

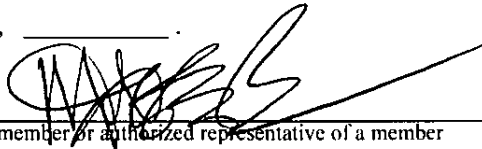
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____, _____



Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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2015 JUN 10 AM 9:38
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TALLAHASSEE, FL 32310