10000031850

•	(Requestor's	Name)		
	(Address)			
	(A 11 ·)			
	(Address)			
	(City/State/Zip	/Phone #)		
	(On) rotator Zip	m none ny		
☐ PICK-U	P	AIT	MAIL	
(Business Entity Name)				
/Danish Number				
(Document Number)				
Certified Copies	Cert	tificates of	Status	

Special Instructions to Filing Officer:

L. SELLERS

APR 27 2011

EXAMINER

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04/25/11--01027--029 **25.00

11 APR 25 PH 12: 28
SECRETARY OF STATE
TALLAHASSEE, FLORID

COVER LETTER

Division of Co	orporations	•	
SUBJECT:	Reve	enueRx, LLC	
		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
	ondence concerning this matte		
		Kyle Majors	10000
		Name of Person	
		Focal Fox, LLC Firm/Company	<u> </u>
		2643 Junior Ave.	
		Address	
		Apopka, FL 32712 City/State and Zip Code	
	k	bmajors@gmail.com to be used for future annual report notific	
For further information	concerning this matter, please of		eation)
1	Kyle Majors	at (_407_)	435-4511
Name	of Person	Area Code & Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$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:

TO:

Registration Section

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

	RevenueRx, LLC			
(<u>Name of the Limited</u>	Liability Company as it now appears on our records.) A Florida Limited Liability Company)			
(1	Crional Elimes Elienty Company			
The Articles of Organization for this Limited L	iability Company were filed on March 23, 2010 and assigned			
Florida document number L10000031850				
This amendment is submitted to amend the following	owing.			
A. If amending name, enter the new name of	f the limited liability company here:			
The new name must be distinguishable and end wit "L.L.C."	th the words "Limited Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
	or registered office address on our records, enter the name of the new			
registered agent and/or the new registered of	fice address here:			
Name of New Registered Agent:	Orris H Robinson III			
New Registered Office Address:				
	Enter Florida street address			
	Florida ET			
	City Zip &de			
New Registered Agent's Signature, if changing R	Registered Agent:			
	ALE 28			
	d agent and agree to act in this capacity. I further agree to comply with			
the provisions of all statutes relative to the place of the obligations of my position as region	roper and complete performance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S. Or, if this document is			
	registered office address, I hereby emfirm that the limited liability			

Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 **Type of Action** <u>Title</u> **Name Address** Kyle B Majors mgrm 9074 Harbor Isle Dr. ☐ Add Windermere FL 34786 ∇ Remove Michelle K Morse mgrm 1655 Algonquin Trail ☐ Add Maitland, FL 32751 ✓ Remove Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 9 2010 Dated Signature of a member or authorized representative of a member **Kyle Majors** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00