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PICK-UP		TIAW		MAIL	
(Business Entity Name)					
(Document Number)					
Certified Copies	_	Certificat	tes of Status		

Special Instructions to Filing Officer:

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EXAMINER

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COVER LETTER

TO: Registration Division of C		al e de				
SUBJECT:	Direct Meds	Of Tampa Bay, LLC				
·		ited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corres	pondence concerning this matte	r to the following:				
		Louis J Rosa				
		Name of Person				
	***	Firm/Company				
	111 2nd Ave NE Suite 343					
		Address				
	St Petersburg, FL 33701					
	City/State and Zip Code					
Capt-lou2003@yahoo.com E-mail address: (to be used for future annual report notification)						
For further information	concerning this matter, please of	eall:				
Louis J Rosa Name of Person		at (727) 2 Area Code & Daytime	24-1056			
·	,	Area Code & Daytime	reichione (vainte)			
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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document numberL1000062231	were filed on 06/10/2010 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Direct Meds Of Ta	· · · · · · · · · · · · · · · · · · ·		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	11001 Roosevelt Blvd Suite IIA-400		
(Principal office address MUST BE A STREET ADDRESS)	St Petersburg, FL 33716		
Enter new mailing address, if applicable:	11001 Roosevelt Blvd Suite IIA-400		
(Mailing address MAY BE A POST OFFICE BOX)	St Petersburg, FL 33716		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent:	Enter Florida street address Florida Florida Zip-Code		
New Registered Agent's Signature, it 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 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 Title <u>Name</u> **Address Type of Action MGR Carol Sarver** 10101 Martin Luther King Jr Street St Petersburg, FL 33716 √ Remove MGR Munr Kazmir 10101 Martin Luther King Jr Street St Petersburg, FL 33716 MGRM Louis J Rosa 11001 Roosevelt Blvd Suite IIA-400 St Petersburg_FL_33716 Remove ☐ Add Remove Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 15th, 2010 Dated Signature of a member or authorized representative of a member

Page 2 of 2

Louis J. Rosa
Typed or printed name of signee

Filing Fee: \$25.00