

L100000089402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

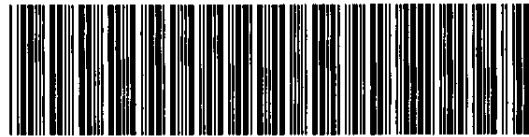
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000252253010

10/07/13--01007--003 **25.00

FILED

2013 OCT 21 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 22 2013
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AAA Discount meds 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:

RAYMOND MARABEL
Name of Person

AAA Discount med LLC
Firm/Company

3200 US Hwy 27 S Ste. 103
Address

Sebring FL 33870
City/State and Zip Code

~~RAY~~ AADIScountmeds@Live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAY MARABEL at (863) 385-5689
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
13 OCT 21 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 8, 2013

RAYMOND MARABEL
3200 US HWY 27 S
STE 103
SEBRING, FL 33870

SUBJECT: AAA DISCOUNT MEDS LLC
Ref. Number: L10000089402

We have received your document for AAA DISCOUNT MEDS 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of 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.

Tammy Hampton
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 313A00023644

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

AAA Discount Meds LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/25/2010 and assigned
Florida document number L10000089402

This amendment is submitted to amend the following:

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

AAA Direct Discounts 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)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

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 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 Changing Registered Agent, Signature of New Registered Agent

FILED
2013 OCT 21 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NA ^{IN} _{OF} M

MGR = Manager ;
MGRM = Managing Member

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2013 OCT 21 AM 8:34

☐ Add

☒ FILED

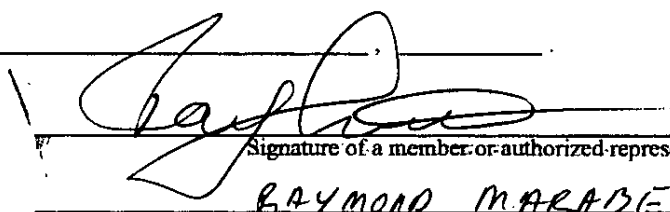
☐ Remove

☐ Add

W.A.

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

Dated _____



Signature of a member or authorized representative of a member

RAYMOND MARABEL

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 OCT 21 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA