

L10000115697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

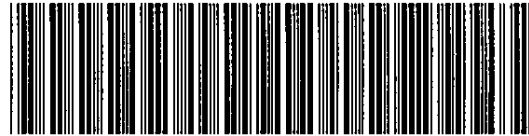
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SEP 11 2012

EXAMINER



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09/10/12--01004---005 **30.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 10 PM 3:20

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SampalRx 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:

William J. Jacobs

Name of Person

SampalRx LLC

Firm/Company

4450 Gulf Blvd, Suite 415

Address

St. Pete Beach, FL 33706

City/State and Zip Code

bjacobs@sampalrx.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William J Jacobs

Name of Person

at (**215**)

275-5183

Area Code & Daytime Telephone Number

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

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 SEP 10 PM 3:20

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

SampalRx 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 11/05/2010 and assigned
Florida document number L10000115697

12 SEP 10 PM 9:20
SECRETARY OF STATE
DIVISION OF CORPORATIONS

This amendment is submitted to amend the following:

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

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:

4450 Gulf Blvd.

(Principal office address MUST BE A STREET ADDRESS)

Suite 415

St. Pete Beach FL 33706

Enter new mailing address, if applicable:

4450 Gulf Blvd.

(Mailing address MAY BE A POST OFFICE BOX)

Suite 415

St. Pete Beach FL 33706

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:

William J. Jacobs

New Registered Office Address:

4450 Gulf Blvd. Suite 415

Enter Florida street address

St. Pete Beach

Florida

33706

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	Jennifer L. Bonk	19046 Bruce B. Downs Blvd. #58 Tampa, FL 33647 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
President	William J. Jacobs, MS	4450 Gulf Blvd Suite 415 St. Pete Beach, FL 33706	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated September 6th, 2012

Signature of a member or authorized representative of a member

William J. Jacobs

Typed or printed name of signee