110000118011

(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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EXAMINER

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Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT:	Hor	ne RX LLC				
		ited Liability Company				
•						
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		Michael Edwards				
	Name of Person					
	RMS					
	Firm/Company					
	9	9122 Bonita Beach Rd				
	Address					
Bonita Springs, Florida 34135						
		City/State and Zip Code				
	med\ E-mail address: (wards2@rms-florida.co to be used for future annual repo	om rt notification)			
For further information	concerning this matter, please of	call:				
Mic	chael Edwards	at (_ 239)	495-7970			
Name of Person		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 en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Regis	LING ADDRESS: tration Section ion of Corporations	STREET/Concept Registration Division of Concept Processing Process				

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Home Ry			
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears of ability Company)	n our records.)	
`			
The Articles of Organization for this Limited Liability Company w	vere filed on	11-12-10	and assigned
Florida document numberL10000118011			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company here:		
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company,'	' the designation "LI	.C" or the abbreviation
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 registered agent and/or the new registered office address here:		records, enter th	e name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	LILA	
New Registered Office Address:		71 20	
	Enter 1	Florida street addri	385
	City	, Florida 🚣	Zin-Code Town
Non-Basistand Aganth Cimpton 16 -basis Decistor J. Associa	Cuy	ORI	Silving Constitution
New Registered Agent's Signature, if changing Registered Agent:		 سرق	l 10

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 Type of Action Title Name **Address MGRM** Jason Tod Schreyer ✓ Add 5475 Lee Street ☐ Remove Unit 303_ Lehigh High Acres, Florida 33971 Blanca Edwards MGR 9740 Rookery Circle **✓** Add Remove Estero, Florida 33928 __ Add ☐ Remove Add Remove $\prod Add$ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00