

L11000037300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

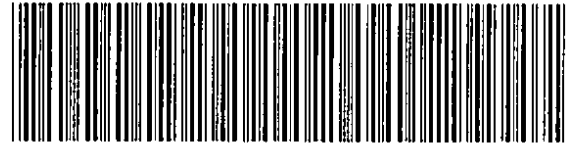
(Document Number)

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R. HUNT  
06/29/23

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PARTNER RX, 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:

MOSHE RINGEL

Name of Person

PARTNER RX, LLC

Firm/Company

6555 NOVA DR, STE 304

Address

DAVIE, FL, 33317

City/State and Zip Code

MRINGEL@PARTNERCAREPHARMACY.COM

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

For further information concerning this matter, please call:

MOSHE RINGEL

917 902-9798  
at ( )

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 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

PARTNER RX, LLC (FORMERLY PARTNER CARE PHARMACY SERVICES, 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 3/29/2011 and assigned  
Florida document number L11000037300.

This amendment is submitted to amend the following:

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

PARTNER RX, LLC

The new name must be distinguishable and contain 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)

MOSHE RINGEL

6555 NOVA DR, STE 304

DAVIE FL, 33317

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

MOSHE RINGEL

6555 NOVA DR, STE 304

DAVIE, FL, 33317

**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:

MOSHE RINGEL

New Registered Office Address:

6555 NOVA DR, STE 304

*Enter Florida street address*

DAVIE

*City*

Florida 33317

*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 605, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MR	MOSHE RINGEL	6555 NOVA DR, STE 304	<input checked="" type="checkbox"/> Add
		DAVEI, FL, 33317	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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CLERK OF STATE  
TALLAHASSEE, FL

20  
2/27/2023 PM10:03  
DEPT OF STATE  
TAMPA FL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

representative of a member

MOSHE RINGEL

Typed or printed name of signee

**Filing Fee: \$25.00**