L11000057047

(Requestor's Name)				
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JUL -5 2011

EXAMINER

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COVER LETTER

TO:	Registration S Division of Co			
SUBJECT: Practi			tice Rx, LLC	
Name of Limited Liability Company				
The end	closed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please 1	return all corresp	ondence concerning this matte	r to the following:	
			Kathryn Hagberg Name of Person	7 25
			Name of Person	2011 JUL - 1 SEGRETAR TALLAHASS
			Practice Rx, LLC	ARE TO AR
			Firm/Company	ARY SSE
6460 Borasco Drive # 2901		RETARY OF SAHASSEE, FL		
			Address	L 1; \$1 STATE FLORU
	Melbourne, FL 32940			
		·····	City/State and Zip Code	
		kr	nh32935@yahoo.com	
For furt	her information	E-mail address: (concerning this matter, please of	to be used for future annual report notification)	
	Kat	hryn Hagberg	at (321) 549-0	220
	Name	of Person	Area Code & Daytime Teleph	one Number
Enclose	d is a check for t	he 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)
	Regist Divisio P.O. B	LING ADDRESS: ration Section on of Corporations fox 6327 assee, FL 32314	STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Practi	ce RYLLC	
(<u>Name of the Limited Liab</u> (A Flor	oility Company as it now appears ida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Florida document number L\\000570	ty Company were filed on <u>5</u> 547.	-13-11 and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here	:
		7 2
The new name must be distinguishable and end with the L.L.C."	words "Limited Liability Company	y," the designation "Interior the abbreviation
Enter new principal offices address, if applicables		HASS
Principal office address MUST BE A STREET AI	ODRESS)	
	<u></u>	
Enter new mailing address, if applicable:		TE ADA
Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registered agent and/or the new registered office a		or records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	<i>r</i>	r Florida street address
	Ŀme	
_	City	, Florida Zip Code
	/	=· r ··-

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Type of Action Title <u>Name</u> <u>Address</u> Lisa Laudato mgrm 4605 Crosswind Court # 1 **✓** Add Remove Melbourne, FL 32904 ☐ Add Remove ☐ Add ☐ Remove **D.** If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 03 2011 Dated ___ are of a member or authorized representative of a member Kathryn Hagberg Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00