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****** APR 0 4 2014

COVER LETTER

	ration Section n of Corporations	
SUBJECT:	Longevily Drugs LLC Name of Limited Liability Company	
The enclosed A	ticles of Amendment and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	Ryan Good Kin	
		
	Longevity Drys LLC Firm/Company	
	LOIN Federal Hwy	
	Late Worth, FL 33460	
	City/State and Zip Code Vrgood Kin Ohutmall, Com E-mail address: (to be used for future annual report notification)	
For further infor	mation concerning this matter, please call:	
Ryan	Soc dkin at (561), 585. 4677 Name of Person Area Code Daytime Telephone Number	
Enclosed is a ch	eck for the following amount:	
□ \$25.00 Filin	g Fee \$\square\$\$ \$30.00 Filing Fee & \$\sumset\$\$ \$55.00 Filing Fee & \$\sumset\$\$ \$60.00 Filing Fee, \$\text{Certificate of Status}\$ \$\text{Certified Copy}\$ \$\text{(additional copy is enclosed)}\$ \$\text{Certified Copy}\$ \$\text{(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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Langevity Drugs L	.LC	
Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number \(\bigcup_1\00\1\59\0\).	were filed on 10 (10 (201)	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and end with the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1 graph	
(Principal office address MUST BE A STREET ADDRESS)		5 5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		APR - 2
		AI W
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u></u>
	. Florida	
	City , Florida _	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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title <u>Name</u> Address Type of Action Terrence Myers 101 N Federal Huy Add MGR Lake Worth, FL 33460 Remove □ Add ☐ Remove □ Add Remove ☐ Add ☐ Remove □ Add ☐ Remove

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ne effec ne date	tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State) March 31 Zol4 Zol4
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Filing Fee: \$25.00