41000129707

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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	Family Care	Rx, LLC		
SOBSECT.		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return	all correspon	ndence concerning this matter t	o the following:	
		Christopher Leon		
			Name of Person	
		Family Care Rx, LLC		
			Firm/Company	
		4752 Jog Road		
			Address	······
		Greenacres, FL 33467		
		cleon@westendserve.com	City/State and Zip Code	·
		E-mail address: (t	o be used for future annual report no	otification)
For further is	nformation co	oncerning this matter, please ca	ll:	
Christopher	Leon		610 657-1030 at ()	
	Name of	Person		me Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	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:

TO:

Registration Section

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

Family Care RX, LUC		
(Name of the Lim	ited Liability Company as it now appears on our reco (A Florida Limited Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Clorida document number L11000129707	Liability Company were filed on November 15, 2	2011 and assigned
his amendment is submitted to amend the fo	llowing:	
. If amending name, enter the new name	of the limited liability company here:	
		6
e new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LI	
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	0 [7]
		美
nter new mailing address, if applicable:		
	- nov	
<u> Mailing address MAY BE A POST OFFICE</u>	<u> </u>	·
		
. If amending the registered agent and egistered agent and/or the new registered of	d/or registered office address on our recor office address here:	ds, enter the name of the
Name of New Registered Agent:	Christopher Leon	
New Registered Office Address:		
	Enter Florida street addr	ess
		Florida
	City	Zip Code

w Registered Agent's Signature, if changing Registered Agent:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 19 filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability 19 ypany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	Bradley Williams	1416 Lake Bass Drive Lake Worth, FL 33461	_□ Add
			■ Remove
MGRM	Michele Williams	1416 Lake Bass Drive Lake Worth, FL 33461	
			■ Remove
	Daria Leon	3905 White Barn Lane	Change
MGRM	Daria Leon	Easton, PA 18045	■ Add
			Remove
		2006 Wikin D I	☐ Change
MGRM	Christopher Leon	3905 White Barn Lane Easton, PA 18045	
			☐ Remove
			Change
			Addy
			Add-1
			☐ Change
			Add
			☐ Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change

	
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	19 's
	. 2
	vember 16, 2018
	t be prior to date of filing or more than 90 days after filing.) Pursuant to 605
If the date inserted in this block does not meet the nent's effective date on the Department of State's	e applicable statutory filing requirements, this date will not be list records.
	but not an effective time, at 12:01 a.m. on the earlie
e 90th day after the record is filed.	
November 16 201	8
	
Clause of a second	or authorized representative of a member

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Filing Fee: \$25.00