

L11000129707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

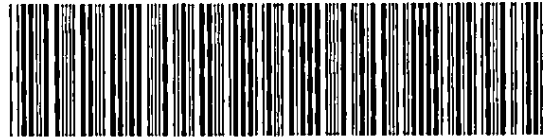
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600320784326

11/19/18--01028--010 **25.00

FILED
18 NOV 19 AM 11:21

O SIMMONS
DEC 01 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Family Care 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:

Christopher Leon

Name of Person

Family Care Rx, LLC

Firm/Company

4752 Jog Road

Address

Greenacres, FL 33467

City/State and Zip Code

cleon@westendserve.com

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

For further information concerning this matter, please call:

Christopher Leon

610 657-1030
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

11 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Bradley Williams	1416 Lake Bass Drive Lake Worth, FL 33461	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Michele Williams	1416 Lake Bass Drive Lake Worth, FL 33461	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Daria Leon	3905 White Barn Lane Easton, PA 18045	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Christopher Leon	3905 White Barn Lane Easton, PA 18045	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18
NOV 19
AM 11:21

11-1977
NOV 19 AM 11:21

F. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 16, 2018

Christopher Leon

Page 3 of 3

Filing Fee: \$25.00