## K12000071715

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
to Filing Officer:





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DIVISION OF CORPORATION

22 MAY 24 PM 12: 30

T. MATTHEWS
JUL 28 2022

## COVER LETTER

Registration Section

Division of Corporations

TO:

	P ONE LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	osed Articles of Amendment and fee(s) are submitted for filing.  turn all correspondence concerning this matter to the following:    PALAK PATEL			
Please return all correspo	ndence concerning this matter	to the following:		
	PALAK PATEL			
		Name of Person		
	RX GROUP ONE LLC			
		Firm/Company		
	305 CLYDE MORRIS BL	VD, SUITE # 200		
		Address		
	ORMOND BEACH, FL 3.	2174		
		City/State and Zip Code		
	RXGROUPONE@YAHOO	),COM		
	E-mail address: (	to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please co	ull:		
PALAK PATEL				
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	<del>-</del>	Certified Copy	Certificate of Status & Certified Copy	
Registration : Division of C	Section Corporations	Registration Se Division of Co The Centre of T	rporations Fallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

RX GROUP ONE LLC

22 MAY 24 PM 12: 30

(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 C	ompany were filed on 05/29/2012	and assigned
Florida document number L12000071715	<u>_</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u> _
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	d office address on our records, <u>enter</u>	the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
N. D. Janes I Office Address.		
New Registered Office Address:	Enter Florida street addre	9.5
	, F	lorida
	City	lorida 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 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>	Type of Action
AMBR	PALAK PATEL	11227 TAEDA DR. ORLANDO, FL 32832	<b>=</b> Add
			□Remove
			□Change
AMBR	NIRUBEN MENDPARA	305 Clyde Morris Blvd # 200, Ormond Beach, Fl	L 32174 ■Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			□ Add
			Remove
			□Change
<del>.</del>			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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