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(((H18000348008 3)))

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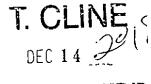
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December 10, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SAI RX LLC. 825 RENAISSANCE POINTE #103 ALTAMONTE SPRINGS, FL 32714

SUBJECT: SAI RX LLC. REF: L12000098631

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Tammi Cline Regulatory Specialist III FAX Aud. #: H18000348008 Letter Number: 918A00025241

(((#180003480083))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAIRX LLC (Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on 07/3 Florida document number 1.12000098631	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the des	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	DEC 1
(Principal office address MUST BE A STREET ADDRESS)	\$2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	M 10: 22
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address: Enter Flori	da street address Florida

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

Page 1 of 3

(((H/80003480083)))
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>	Name	Address	Type of Action
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Signature of a member or auth	orized representative of	a member	-	-

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