

L12000141771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

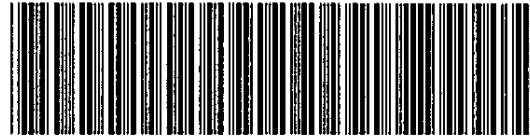
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RX DIRECT 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:

RAFAEL BONA

Name of Person

RX DIRECT LLC

Firm/Company

1694 BAYHILL DR

Address

OLDSMAR, FL 34677

City/State and Zip Code

bebotbona@gmail.com

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

For further information concerning this matter, please call:

RAFAEL BONA

Name of Person

at (**727**) **439-2677**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RX DIRECT LLC

(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 Company were filed on NOVEMBER 8, 2012 and assigned
Florida document number L12000141771.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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 608, 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

MGR = Manager
MGRM = Managing Member

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

THE LLC SHALL BE A MANAGED MEMBER COMPANY. THE MANAGEMENT OF THE COMPANY SHALL BE VES-
TED ON RAFAEL BONA THE DECISION OF RAFAEL BONA SHALL BE CONTROLLING AND ANY MATTER RELA-
TING TO THE BUSINESS OF THE COMPANY SHALL BE DECIDED EXCLUSIVELY BY RAFAEL BONA. THE CON-
TRIBUTIONS TO THE CAPITAL, THE LIABILITY TO THE CONTRIBUTIONS AND THE INTEREST AND THE INTE-
REST OF THE MEMBERS IN THE PROFIT OF THE COMPANY. RAFAEL BONA:50%; FRANCIS KEITH ENERIO:50%

Dated **DECEMBER 10**, **2012**



Signature of a member or authorized representative of a member

RAFAEL BONA

Typed or printed name of signee

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Filing Fee: \$25.00