

43000009641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

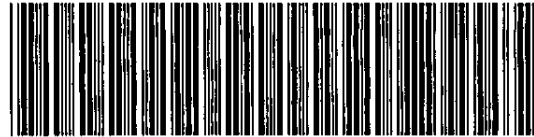
(Business Entity Name)

(Document Number)

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DIVISION OF CORP. OPERATIONS

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE RX OPERATIONS 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:

John Hallock	
	Name of Person
The Rx Operations LLC	
	Firm/Company
2240 W Woolbright Rd Ste 200	
	Address
Boynton Beach, FL 33426	
	City/State and Zip Code
accounts@therxhelper.com	
	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Hallock	954	417-7064	
	at ()		
Name of Person	Area Code	Daytime Telephone Number	

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy
<small>(additional copy is enclosed)</small> | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy
<small>(additional copy is enclosed)</small> |
|---|--|--|---|

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**

THE RX OPERATIONS 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 12/01/2016 and assigned Florida document number L13000009641.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2240 W Woolbright Rd Ste 200

(Principal office address MUST BE A STREET ADDRESS)

Boynton Beach, FL 33426

Enter new mailing address, if applicable:

2240 W Woolbright Rd Ste 200

(Mailing address MAY BE A POST OFFICE BOX)

Boynton Beach, FL 33426

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:

JR Hallock Consulting LLC

New Registered Office Address:

2240 W Woolbright Rd Ste 200

Enter Florida street address

Boynton Beach

City

Florida 33426

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

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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>	<u>Type of Action</u>
MGR	JR Hallock Consulting LLC	2240 W Woolbright Rd Ste 200	<input type="checkbox"/> Add
		Boynton Beach, FL 33426	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	One Strange Cherry LLC	2240 W Woolbright Rd Ste 200	<input checked="" type="checkbox"/> Add
		Boynton Beach, FL 33426	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

Change
 Add
 Remove
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 DIVISION OF REVENUE

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

Change email address to: accounts@therxhelper.com

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E. Effective date, if other than the date of filing: 12/01/2016 **(optional)**
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated December 7th, 2016



Signature of a member or authorized representative of a member

JR Hallock Consulting LLC

Typed or printed name of signee