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TALLAHASSEE, FLORIDA

JUL 12 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: pH Prescription, 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:

Tammy LeAnn Szymborski

Name of Person

pH Prescription, LC

Firm/Company

3210 SW 42nd Street

Address

Palm City, FL 34990

City/State and Zip Code

leann@phprescription.com

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

For further information concerning this matter, please call:

Leo G. Szymborski

772 220-8789
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

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

pH Prescription, 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 01-28-2014 and assigned
Florida document number L14000015301.

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:

(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: Leo G. Szyborski

New Registered Office Address: 3210 SW 42nd Ave

Enter Florida street address

Palm City, Florida 34990

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 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>	<u>Type of Action</u>
MGR	John W. Moffitt	4449 SW Quite Place	<input type="checkbox"/> Add
		Palm City, Fl. 34990	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Leo G. Szymborski	3210 SW 42nd Ave	<input type="checkbox"/> Add
		Palm City, Fl. 34990	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Tammy LeAnn Szymborski	3210 SW 42nd Ave	<input type="checkbox"/> Add
		Palm City, Fl. 34990	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

ALLIANCE OF
PALM BEACH
COUNTY
FLORIDA
JUL 1 PM 2:02

16 JUL 11 PM 2:02
US AIR FORCE
ALABAMA SEC 4 LORIDA

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 July 7th, 2016


Signature of a member or

Signature of a member or authorized representative of a member

Leo G. Szymborski

Typed or printed name of signee