L1400038113

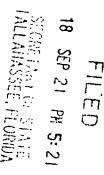
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SEP 22 2018

S. YOUNG

COVER LETTER,

TO:	Registration of	n Section Corporations		
SUBJE		XPH, LLC		
JUBIL	CI	Name of Limited Liability Company		
The enc	losed Articles	of Amendment and fec(s) are submitted for filing.		
Please r	eturn all corro	espondence concerning this matter to the following:		
		Alice Austin		
		Name of Person		
		Medrxph, LLC		
		Firm/Company		
		226 Santa Fe Trail	18 S	
		Address	SEP	<u></u>
		North Fort Myers, FL 33917	21 EASTER SSEE	ILED
		City/State and Zip Code aaustin532@gmail.com	21 PN 5: 2 ART OF STATE ASSEE, FLORID	
		E-mail address: (to be used for future annual report notification)	B.C	
For furt	her information	on concerning this matter, please call:		
Alice A	ustin	239 567-1712 at ()		
	Nar	ne of Person Area Code Daytime Telephone Number		
Enclose	d is a check f	or the following amount:		
□ \$2 <i>5</i>	.00 Filing Fed	Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified	e of Status &	

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

MEDRXPH, 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 $\frac{3/28/17}{1}$ and assigned Florida document number _ L14000038113 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MEDRX MOTORS L.L.C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," Enter new principal offices address, if applicable: ᇙ Same (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Same (Mailing address MAY BE A POST OFFICE BOX) S 2 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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
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		 	Remove
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			Remove
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record specifies a delayed e he 90th day after the record		but not a	n effective	time, at 12:	01 a.m. on	the earlier
September 26	20	18				
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Page 3 of 3

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