## L14000144793

(Request	or's Name)				
(Address)					
(Address)		-			
(City/Stat	e/Zip/Phone #)				
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(Docume	nt Number)				
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D. BRUCE AUG 14 2017

## . COVER LETTER

<del>,</del>	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	WAYNE TALAMAS		
	<u> </u>	Name of Person	
	GLOBAL REACH RX PH	F LLC	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	3916 PALMARITO STRE	EET	
		Address	<del></del> ,
	CORAL GABLES, FL. 33	134	
		City/State and Zip Code	
	WTALAMAS@GLOBALE	REACHRX.COM	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
WAYNE TALAMAS		786 703-1988	2017 ACS 1
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		2: 2:
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations

TO:

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

GLOBAL REACH RX PBF LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)	<u> </u>	
The Articles of Organization for this Limited I Florida document number 1.14000144793	·	were filed on	an	d assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviati	on "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		<del></del>
(Principal office address MUST BE A STRE	ET ADDRESS)			
		N/A		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	E BOX)		· · · · · ·	
				. <del></del>
B. If amending the registered agent and registered agent and/or the new registered of			enter the na	ame of the new
Name of New Registered Agent:	N/A		70 II	
New Registered Office Address:	N/A		AHASS	: 11 5
		Enter Florida street address , Flor	e)	
		Ciţv		Code 🚺
New Registered Agent's Signature, if changing	Registered Agent:			.r •)
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the	per and complete zistered agent as j	performance of my duties, and provided for in Chapter 605. F.	her agree to I am familio S. Or, if this	ir with and document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action		
MGRM JUDITH RIZO		8712 SW 55 STREET	<b>∃</b> Add		
		COOPER CITY, FL 33328	□ Remove		
			□ Change		
			Add		
			☐ Remove		
			☐ Change		
			□ Remove		
			Add Remove		
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			☐ Remove		
			☐ Change		

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90th day afte	r the record is	filed.			<b>.,</b>				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00