Florida Department of State

Division of Corporations Electronic Filing Cover Sheet HS00005403573

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LIESER SKAFF ALEXANDER, PLLC

Account Number : I20150000057

Phone

: (813)280-1256

Fax Number : (813)251-8715

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Scott Bockburd a Gmant Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RX RENOVATION XPERTS LLC

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Corporate Filing Menu

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TO:

Registration Section

To:

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07/23/2020 2:00 PM

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Divi	ision of Corpo	rations			
SUBJECT:	RX RENOVA	ATION XPERTS LLC			
		Name of Limite	d Liability Company	•	
The enclosed	Articles of Ar	nendment and fee(s) are subm	itted for filing.		
Please return	all correspond	ence concerning this matter to	the following:		
		Ghada Skaff			
			Name of Person		
		Lieser Skaff Alexander			
			Firm/Company		
		403 N. Howard Avenue			
		 *	Address		
		Tampa, FL 33606			
			City/State and Zip Code		
		scottbocklund@gmail.com			
		E-mail address: (to	be used for future annual i	report notification)	
For further in	nformation con	cerning this matter, please call	!:		
Ghada Skaff	F		813 280	0-1256	
	Name of P	erson	Area Code	Daytime Telepho	one Number
Enclosed is a	check for the	following amount:			
≅ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enco		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

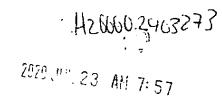
Mailing Address; Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Fax: (850) 617-6383

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ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION **OF**



RX RENOVATION XPERTS LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	iy as it now appears on our record iability Company)	P)
The Articles of Organization for this Limited Liability Company v	were filed on 10/03/2014	and assigned
Florida document number L14000154746		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty 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 agent and/or the new registered office address here:	ddress on our records, enter	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	15
	Fl	orlda
No. Designated Assetts Complete If shanning Designated Agents	City	zip Code
New Registered Agent's Signature, If changing Registered Agent:		a contractat at -
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, a provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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II amenuing Authorized rerson(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
AMBR Blood, Eric A	4188 Electric Way	DAdd	
		Port Charlotte, FL 33980	■Remove
			□ Change
AMBR	Scott, Jeff, Jr	4188 Electric Way	□Add
		Port Charlotte, FL 33980	■Remove
		<u> </u>	□Change
AMBR	Bocklund, Scott	4188 Electric Way	□∧dd
		Port Charlotte, FL 33980	≣Remove
			□Change
			□Add
		-	Remove
			□ Change
			□ Remove
			□Add
			□Remove
			□ Change

470000240 3273

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Hz 0000 2403273

. If amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	te date, if other than the date of filing:
the record	specifies a delayed effective date, but not an effective time, at 12:01 s.m. on the earlier of: (b) The 90th day after the d.
Dated _	DocuSigned by:
	Signature of a member or authorized representations WEA MEMBER.
	Jeff Scott Jr.

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Filing Fee: \$25.00

Typed or printed name of signee