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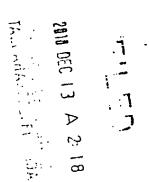
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## **COVER LETTER**

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erin rez		DRE RX LLC				
SUBJEC		Name of Lin	nited Liability Company			
		Amendment and fee(s) are sub	•			
		Michael D. Gentzle, Esq.				
			Name of Person			
		Coleman Yovanovich & K	Coester, P.A.		2018 DEC	7
		-	Firm/Company			} ~
		4001 Tamiami Trail North	, Suite 300			, 7
		Naples, FL 34103	Address		A 2: 18	کر.
		Alax her	City/State and Zip Code  - wig @ Me . wm  to be used for future annual report notif	fication)	_	
For furth	er information co	oncerning this matter, please c				
Michael	D. Gentzle, Esq		239 435-3535			
	Name o	f Person	at () Area Code Daytime	: Telephone Number	r	
Enclosed	l is a check for th	ne following amount:				
<b>■</b> \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ae of Status &	

MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327 Tallahassec, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GU	JLF SHORE RX LLC	
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	···
The Articles of Organization for this Limited Liability	Company were filed on January 7, 2015	and assigned
Florida document number L15000003819	<u></u> .	-
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	ر بري الرابع الرابع
The new name must be distinguishable and contain the words "Liu	mited Liability Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	- · · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		- 60
Mailing address MAY BE A POST OFFICE BOX)		<del>-</del>
3. If amending the registered agent and/or regi egistered agent and/or the new registered office add	stered office address on our records, <u>ente</u> <u>lress here</u> :	r the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Fiorida	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, <u>enter the title, name, and address of each person\_being added or removed from our records:</u>

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	John Atkinson	2185 Longboat Drive	
		Naples, FL 34104	■ Remove
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ocument's effective (	date on the Department of Stat	e's records.			
e record specifies	s a delayed effective dat	e, but not an effe	ective time, at 12:	01 a.m. on the ear!	ier c
The 90th day af	ter the record is filed.				
	/- / /	2018			
nted	12/6.	. 1			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00