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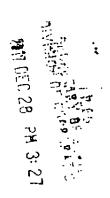
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



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N. CAUSSEAUX DEC 2 8 2017

COVER LETTER

TO:	Registration Se Division of Cor						
CHID HA	Touchpoint	RX, LLC					
SUBJEC	-1; <u> </u>	Name of Limi	ited Liability Company				
				2011 82			
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please re	turn all correspo	ndence concerning this matter	to the following:				
		David Wright		<u> </u>			
Name of Person							
				د			
Firm/Company							
		114 Queen Elizabeth Ct					
Address							
		Fort Pierce, FL 34949					
		dwright@ touchpointrs.com	City/State and Zip Code				
		E-mail address: (t	o be used for future annual report notifica	tion)			
For furth	er information co	oncerning this matter, please ca	all:				
David W	/right		772 979-3355				
	Name of	f Person	Area Code Daytime Te	elephone Number			
Enclosed	l is a check for th	ne following amount:	c precion sont)				
S25 .	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



December 14, 2017

DAVID WRIGHT 114 QUEEN ELIZABETH CT FT PIERCE, FL 34949

SUBJECT: TOUCHPOINT RX, LLC

Ref. Number: L15000015349

We have received your document for TOUCHPOINT RX, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 917A00025275

Octavia L Simmons Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

nany as it now appears on our records.) Liability Company)	
y were filed on	and assigned
bility company here:	
nility Company "the designation "11 (" or t	he abbreviation "L.L.C."
705 Lucerne Ave	avoic sidikkii 1888 c.
Lake Worth, FL 33460	<u> </u>
	3 5:
705 Lucerne Ave	EC 28
Lake Worth, FL 33460	-0 7 CP
	<u>ω</u> 🐫
office address on our records, en	ter the name of the nev
<u>re</u> :	
Enter Florida street address	
1	bility company here: bility company here: fility Company," the designation "LLC" or to 705 Lucerne Ave Lake Worth, FL 33460 Tos Lucerne Ave Lake Worth, FL 33460

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					
Title	Name	Address	Type of Action		
		÷ 11			
			□ Remove		
			Change		
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			Change		

Page 3 of 3

Filing Fee: \$25.00