

L15000015349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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LLC
Amend

12/12/17--01021--019 **35.00

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N. CAUSSEAU

DEC 28 2017

COVER LETTER

TO: Registration Section
Division of Corporations

Touchpoint RX, LLC
SUBJECT: _____

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Wright

Name of Person

Firm/Company

114 Queen Elizabeth Ct

Address

Fort Pierce, FL 34949

City/State and Zip Code

dwright@touchpointrx.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Wright

772 979-3355

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

(ck previously sent)

☐ \$25.00 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

2017 DEC 28 PM 11:43



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 917A00025275

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Touchpoint RX, 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 1/26/15 and assigned
Florida document number 115000015349.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

705 Lucerne Ave

Lake Worth, FL 33460

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

705 Lucerne Ave

Lake Worth, FL 33460

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

Florida

City

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, 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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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STATION 101
FBI - NEW YORK

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Amend Article IV

The name and address of person authorized to manage LLC:

Title: MGR

David Wright

114 Queen Elizabeth Ct

Fort Pierce, FL 34949

Title: MGR

FW Touchpoint RX Investors, LLC

2979 PGA Blvd, Suite 201

Palm Beach Gardens, FL 33410

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10/01/2017

E. Effective date, if other than the date of filing: _____ (optional)


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated December 23, 2017



Signature of a member or authorized representative of a member

David Wright

Typed or printed name of signee