

L15000055108

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

JAN 31 2017

Innovative Rx Management Solutions, LLC

Stephen Critchfield

10 White Tail Lane

Bedminster, NJ 07921

Email: stevec@paindxsolutions.com

Cell# 908-770-8080

To whom it may concern,

Please forward the letter of acknowledgement to the above address. I

can also be reached at the phone number above if necessary.

Thanking you in closing for handling this important business matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Steve Critchfield', with a large, stylized initial 'S' and a horizontal line extending to the right.

Stephen Critchfield

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Innovative Rx Management Solutions, LLC

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:

Stephen Critchfield

Name of Person

Innovative Rx Management Solutions, LLC

Firm/Company

10 White Tail Lane

Address

Bedminster, NJ 07921

City/State and Zip Code

stevec@paindxsolutions.com

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

For further information concerning this matter, please call:

Mark Leichter

845 826-0150
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

Innovative Rx Management Solutions, 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 03/27/2015 and assigned
Florida document number L15000055108.

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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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: _____

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TALLAHASSEE, FLORIDA

☐ Add
☐ Remove
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 CLERK OF DISTRICT COURT
 TALLAHASSEE, FLORIDA

[illegible]

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.

Dated JANUARY 26, 2017

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA