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(Requestor's Name)
, ,
(Address)
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PICK-UP WAIT MAIL
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DEC 0 9 S. PRATHEF

COVER LETTER

	gistration Sec rision of Corp			
SUBJECT:	Unity Care	RX. LLC		
		Name of Lin	nited Liability Company	
The enclosed	f Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return	Name of Person Area Code Daytime Telephone Number closed is a check for the following amount: \$\frac{1}{2}\$\$ \$\$\frac{1}{2}\$			
		Dana Toledo		
			Name of Person	
			Firm/Company	
		133 Mulberry Grove Road		
		West Palm Beach, FL 334		
		toledodanal@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	lication)
For further in	iformation co	ncerning this matter, please c	all:	
Dana Toledo	1			
	Name of	Person	Area Code Daytimo	: Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling Fee		-	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mai	ling Address		Strong Addisons	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Unity Care Rx, LLC		
(<u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 9/22/2016	and assigned
lorida document number L16000177402	·	
his amendment is submitted to amend the following:		
W22/2017		
he new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered gent and/or the new registered office address bere- 	ed office address on our records, <u>enter the n</u>	ame of the new registe
Em and/of 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 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	<u>Name</u>	Address	Type of Action
Member	Dana Toledo	133 Mulberry Grove Road	□Add
		West Palm Beach, FL 33411	= 0
			□ Change
			□Add
			≡ Remove
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	ve date, if other than the date of filing: <u>Abber 15, 2024</u> (o)		
clic	erive date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days a	ptional) ifter filing.) Pursuan	t to 605.0201
le:	If the date inserted in this block does not meet the applicable statutory filing requirements, ent's effective date on the Department of State's records.	this date will not	be listed as
	and a succession of the parameter of state of tections.		
cord	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:	Fith) Tha Onik di	gy office the
s file	ed.	. (v) - the YVIII Qi	ay anter the
ed_	October 15 2024		
_	$\sqrt{100}$		
	// lune le		202
	Signature of a member or authorized representative of a member		2024 RUF 1
	•	- :-	<u>'</u> —
	Dana Toledo		· 45

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