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DEVISION OF COMPRANTON

M. MILLIGAN JUN 27 2017

### **COVER LETTER**

SUBJECT: 40 UC		Mounding Pho	irmay,LLC
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Clarence M	1 Millan Name of Person	
	your Health	RXLLC Firm/Company	
	4846 N Uni	resity Dr#222	
	Landerhill	FL 33351 City/State and Zip Code	
	drmac @your E-mailyddress (1	health compound to be used for future annual report notif	Lag. COM
For further information co	oncerning this matter, please ca	all:	
Clarence Name of	NCM Ilan	at ( <u>454</u> ) <u>803                                   </u>	Telephone Number
Enclosed is a check for th	e following amount:		
□ \$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:

TO:

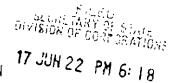
Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

# STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



You Health Compounding Pharmacy, LCC

(Name of the Limited Liab	offity Company as it now appears on our ida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Florida document number <u>L16000 211285</u>	Company were filed on WVE	mber 17,2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line Your Health RX, LL The new name must be distinguishable and contain the words "Line new name must be distinguishable and contain the words "Line new name must be distinguishable and contain the words "Line new name number of the line words "Line new name number of the line words "Line new name of the line new name of the line words "Line new		on "LLC" or the abbreviation "L. L. C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADL	DRESS)	
Enter new mailing address, if applicable:	N/a	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad  Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
		Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Register	ered Agent:	
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	Leomplete performance of my di Lagent as provided for in Chapto ered office address, I hereby con	ities, and I am familiar with and er 605, F.S. Or, if this document is

M/A
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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
Ambr	Cassandru MMillan	4846 Nuniversity Dr #22	
		Lander dhill FL 33351	<b>K</b> Remove
			Change
			🗆 Add
			□ Remove
			🗆 Change
			□ Remove
			Change
			Add
			Remove
			Change
			D Add
			🗆 Remove
			□ Change
			🗆 Add
			_□ Remove
			Change

If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary	ary.)
		<del></del>
		_ <del></del> _
-		
-		
<del></del> -		
**		
		·
Note: If the document's ne record	date if other than the date of filing:  date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after file date inserted in this block does not meet the applicable statutory filing requirements, this deeffective date on the Department of State's records.  specifies a delayed effective date, but not an effective time, at 12:01 a.m. in day after the record is filed.	ate will not be listed as t
Dated 5	une 19 /////	
_	Signature of a member or authorized representative of a member	יוטני ליין אויער ליין אויער אויטניער אייניין אייני
	Clarence mernilan Typed or printed name of signee	SION SP St JUN 22
	Page 3 of 3	PH 6:
	1990 501 5	T. 341

Filing Fee: \$25.00