

L16000220368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

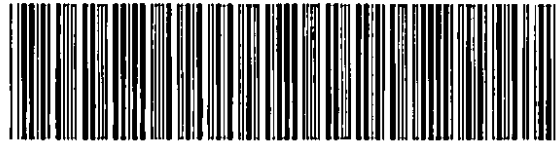
(Business Entity Name)

(Document Number)

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2018 DEC 21 PM 4:45

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Amend/cc

JAN 08 2019

I ALBRITTON

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Rx MARKETING MATERIALS, 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:

LYNDA M. MERCER
Name of Person

Rx MARKETING MATERIALS, LLC
Firm/Company

15800 PORTOFINO SPRINGS BLVD., #104
Address

FT. MYERS, FL 33908
City/State and Zip Code

rxmarketingmaterials@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LYNDA M MERCER at (239) 994-2178
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 checked="" 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**

Rx MARKETING MATERIALS, 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 DEC 5, 2016 and assigned Florida document number L16000 220 368

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:

LYNDA M MERCER

New Registered Office Address:

15800 PORTOFINO SPRINGS BLVD # 104

Enter Florida street address

FT. MYERS

City

Florida

33908

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.


Lynda M Mercer
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>
<u>MGR</u>	<u>LYNDA M MERCER</u>	<u>15800 PORTOFINO SPRINGS BLVD #104</u>	<input checked="" type="checkbox"/> Add
		<u>FT. MYERS, FL 33908</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>HOWARD C MERCER</u>	<u>15800 PORTOFINO SPRINGS BLVD #104</u>	<input checked="" type="checkbox"/> Add
		<u>FT. MYERS, FL 33908</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>LYNDA M NALLY</u>	<u>15800 PORTOFINO SPRINGS BLVD #104</u>	<input type="checkbox"/> Add
		<u>FT. MYERS, FL 33908</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(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.

Dated NOVEMBER 17, 2018

Signature of a member or author

Signature of a member or authorized representative of a member

LYNDA M MERCER

Typed or printed name of signee