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MAR 28 2017 J. HARRIS

COVER LETTER

Division of Corporations
SUBJECT: 3GR1 GENMEDS DELIVERY 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:
RICHARD F. CRISOSTOMO Name of Person
30R1 GENMEDS DELÍVERY, LLC Firm/Company
2624 CAHILL WAY
LAKE MARY, FL 32746 City/State and Zip Code
RICH F CRISOSTOMO & GMAIL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RICHARD F. CRISOSTOMO at (407) 496-7395 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & \Bigcup \\$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**

30R1 GENMEDS DI	EUVERY LUC.
(A Florida I.	Company as it now appears on our records.) amited Liability Company)
The Articles of Organization for this Limited Liability Co.	mpany were filed on March 13, 2017 and assigned
Florida document number <u>L1700057263</u>	<u>.</u>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	
	えた。
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	9 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
B. If amending the registered agent and/or registered agent and/or the new registered office address.	ered office address on our records, <u>enter the name of the ne</u> e <u>ss here</u> :
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address
	, Florida
ì	City Zip Code

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>	Address	Type of Action
AMBR	RICHARD F. CRISOSTOMO	DUDY CAHTLL LOAY LAKE MAR	<u>√</u> ∠ Add
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			Change
MGR	RÍCHARD F. CRÍSOSIOMO	2024 CAHÎLL WAY LAKE MAR	<u>Y</u> □ Add
			Remove
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Filing Fee: \$25.00