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(Requestor's Name) (Address) (Address)	100302553591
(City/State/Zip/Phone #)	08/16/1701011009 +*25.00
ertified Copies Certificates of Status Special Instructions to Filing Officer: Office Use Only	Г Ц.ЕР 17 AUG 16 РМ 12:40 10 1.5 - М. 1.5 - 1.0 - 1.5 10 1.5 - 2.5 - 1.0 - 1.5 10 1.5 - 2.5 - 1.0 - 1.5
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## **COVER LETTER**

TO:	<b>Registration Section</b>
	Division of Corporations

HEALTH OPTIONS RX LLC

SUBJECT:

Name of Limited Liability Company

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The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Tax Depot Holding Corp

Firm/Company

3678 W OAKLAND PARK BLVD

Address

FT LAUDERDALE FL 33311

City/State and Zip Code

mhablak@comcast.net

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

For further information concerning this matter, please call:

Margita Hablak	954	535 5340
	at ()	·
Name of Person	Area Code	Davtime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 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: 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

#### HEALTH OPTIONS RX 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 <u>06/02/2017</u> and assigned Florida document number <u>L17000121336</u>.

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: (<u>Mailing address MAY BE A POST OFFICE BOX)</u> 2300 N Dixie Hwy Ste 101

Boca Raton, FL 33431

2300 N Dixie Hwy Ste 101

Boca Raton, FL 33431

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
	,,	Florida

#### 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.

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If Changing Registered Agent, Si	gnature of New Registered	Ägent	·
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Page 1 of 3	e p	ō	

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>	Name	Address	<u>Type of Action</u>
MGR	Margita Hablak	3678 W Oakland Park Blvd	🗆 Add
		Ft Lauderdale, FL 33311	Remove
			Change
MGR	Matthew Gotha	2300 N Dixie Hwy Ste 101	🖬 Add
		Boca Raton, FL 33431	Remove
			Change
			🗆 Add
			Remove
			Change
			🖸 Add
			Remove
			Change
		,	🗆 Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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# E. Effective date, if other than the date of filing: \_\_\_\_\_\_(optional) (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) <u>Note:</u> 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	ugust 15		2017	/		
		WA	Mar		17 AU	
	1	Signature of a	a member or authorized representativ	e of a member	 - <del></del> -	
	Margita Hablak				ъ Р	
		/-	Typed or printed name of signee		 ¦⊧12:	<u>ب</u>
					E.	
			Page 3 of 3		0	

Filing Fee: \$25.00