Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170002420183)))



H170002420183ABCZ

			2017
To:	Prvision of Co	cnorations	SEP
	Fax Number	; (850) 617-6383	28 28
From:	1000 1111	: LEGALZOOM.COM INC.	
	Appaint Number	: 120010000062	
	Phone Fax Number	: (323)962-8600 : (323)962-3989	

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MISTPHARMASRQ, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
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Electronic Filing Menti

Corporate Filing Menu

Help

TO:

Registration Section

Registration Section Division of Corporations

Tallahassee, FL 32314

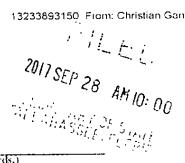
P.O. Box 6327

COVER LETTER

170	ision of Corp MISTPHA	RMASRQ, LLC			
SUBJECT:			ed Liability Company		
The enclosed	LArticles of a	Amendment and fee(s) are subn	nitted for filing.		
Please return	all correspo	ndence concerning this matter t	o the following:		
		Cheyenne Moseley			
			Name of Person		
		Legalzoom.com. Inc.			
			Firm/Company		
		101 N. Brand Blvd., 11th	r Floor		
			Address	•	
		Glendale, CA 91203			
			City/State and Zip Co	ode .	
		jrkwapich@outlook.com			
		E-mail address; (t	to be used for future and	mal report notifica	ution)
For further i	information e	concerning this matter, please or	dt:		
Cheyenne	Moseley		800	773-0888 ext.	
		of Person	at () Area Code	Daytime T	Celephone Number
Enclosed is	a check for ti	he following amount:			
□ 525.00		© \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing F Certified Copy radditional copy is	y.	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	MAIL	ING ADDRESS:	STR	E*T/COURIE	R ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.



MISTPHARMASRQ, LLC		
(Name of the Limited Liability Compar (A Florida Limited I.	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 08/31/2017	and assigned
Florida document number 1.17000186266		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
JKSRQMED, LLC		
The new name must be distinguishable and end with the words "Limited Linb	ility Company," the designation "LLC" or the abbi	eviation "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 of	ffice address on our records, <u>enter th</u>	e name of the new
registered agent and/or the new registered office address her	<u>e</u> :	
	*:	
Name of New Registered Agent:		
New Registered Office Address:		
New Neglitered Office Frances.	Enter Florida sweet address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	!	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agre performance of my chaics, and I am for provided for in Chapter 605, F.S. Or, if	this document is

H Changing Registered Agent, Signature of New Registered Agent

Page 6 of 7

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u> Title</u>	Name	Address	Type of Action
			Cl Add
			☐ Remove
			□ Add
			Add O Remove
		4,	28
			□ A'dd ○
			□ Remove
			☐ Remove
			Add
			Remove
			Add
			☐ Remove

Page 3 of 3

Filing Fee: \$25.00

850-617-6381

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2017

MISTPHARMASRQ, LLC 5120 COURSE DR. SARASOTA, FL 34232US

SUBJECT: MISTPHARMASRQ, LLC

REF: L17000186266

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Bottom half of page 1 was cutoff on the application.

If you have any further questions concerning your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II Registration Section FAX Aud. #: E17000242018 Letter Number: 217A00018689

. :

2017 SEP 28 RM 1:39

P.O BOX 6327 - Tallahassee, Florida 32314