417000237382

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(220,,
(Document Number)
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FILED SECRETARY OF STATE DIVISION OF CORPORATION

N COOPER AUG 1 3 2018

COVER LETTER

Div	ision of Corp	porations	•	
r SUBJECT:	RX CONSU	JLTING GROUP, LLC		
		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please returr	ı all correspoi	ndence concerning this matter	to the following:	
		Scott Itkin		
			Name of Person	
		SOUTH FLORIDA TAX		
			Firm/Company	
		12401 ORANGE DRIVE	SUITE 222	
			Address	
		DAVIE, FL 33330		
			City/State and Zip Code	
		sftax@aol.com		
		E-mail address: (to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
Scott Itkin			954 458-2000 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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

(A Florida Lankeo i	ny as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number L17000237382	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	_	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	150 E Boca Raton RD	
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33432	A SEC
		G ₹ñ
		9 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
Enter new mailing address, if applicable:	150 E Boca Raton RD	PM RPG
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, FL 33432	
		ů "
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
New Registered Office Address:	Enter Florida street ad	Florida
New Registered Office Address:	Enter Florida street ad City	
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent:	,	Florida

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	SHAMROCK INTERNATIONAL	2820 FREDERICK BLVD	
		DELRAY BEACH, FL 33483	■ Remove
			□ Change
MGR	KTT HOLDINGS INC	150 EAST BOCA RATON ROAD	■ Add
		BOCA RATON, FL 33432	☐ Remove
			Change
			Remove
			Change
			🗆 Add
			□ Remove
			Change
			Add
			Remove
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			☐ Change

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or and the state of the state o	(
tive date, if other than the date of filing:	(optional) han 90 days after filing.) Pursuant to	605.0
If the date inserted in this block does not meet the applicable statutory filing req	quirements, this date will not be	listec
nent's effective date on the Department of State's records.		
cord specifies a delayed effective date, but not an effective time	e, at 12:01 a.m. on the ea	arliei
e 90th day after the record is filed.		
08/07/2018		
——————————————————————————————————————		-
Signature of a member or authorized representative of a	member	

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Filing Fee: \$25.00