L17000245625		
(Requestor's Name) (Address) (Address)	300318657903	
(City/State/Zip/Phone #)	03/25/1801008019 **60.00	
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	2018 SEP 24 PH 5:01	
Office Use Only	18 SEP 24 PM 12: 55 NECOOPER SEP 27 2018	

	· · ·	COVER LETTER	
TO: ' Registration Se Division of Cor			
Placida R	< LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Donna Brasch		
		Name of Person	
	Placida Rx LLC		
Firm/Company			
5855 Placida Road Ste 300			
Address Englewood, FL 34224			
		Aller State and March 1	·
	info@placidarx.com	City/State and Zip Code	
		to be used for future annual report notifi	cation)
	concerning this matter, please ca		
Donna Brasch		941 539-8121	
Name c	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
Regist	ING ADDRESS: ration Section	STREET/COURIF Registration Section Division of Corpora	l l
P.Ö. B	on of Corporations ox 6327 assee, FL 32314	Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	iter Circle

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### Placida 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>11/30/2017</u> and assigned Florida document number L17000245625

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 "LLC"

### Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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	<u> </u>
	$\sim$ $2^{-1}$
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
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	<u> </u>

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

	Name of New Registered Agent:		
-	New Registered Office Address:	Enter Florida street add	ress
•			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.

If Changing Registered Agent, Signature of New Registered Agent

B

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

## MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u> Donna Brasch	<u>Address</u> 5794 Van Camp Street	Type of Action
AMBR		North Port FL 34291	Add
			Remove
			Change
·			Add
			Remove
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			Change
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			Remove
		·	Change

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

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	8 SEP 24 PM 12: 5
·	8 SEP 24 PH 12: 55
·	8 SEP 24 PM 12: 55
	8 SEP 24 PM 12: 55
·	8 SEP 24 PM 12: 55
·	8 SEP 24 PM 12: 55

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.

September 18 Dated	2018	
	··/)	
	Mmit	
	Signature of a member or authorized representative of a member	
	Edward Szmigiel	
·	Lyped or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00