L17000245625

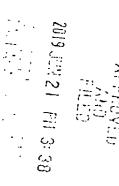
(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration 9 Division of Co					
Placida R	x LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	Wen Wilson				
	Placida Rx LLC	Name of Person			
	5855 Placida Road Suite 3	Firm/Company			
	Englewood, FL 34224	Address			
	placidarx@gmail.com	City/State and Zip Code		2019 JUN 2	<u>1</u>
		to be used for future annual report notifications	ation)	21	
For further information	concerning this matter, please co	all:		· 175	
Donna Brasch		941 539-8121 at ()		ယ 	
Name	of Person	Area Code Daytime T	Celephone Number	. ප	
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	

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

Placida Rx LLC				
(Name of the Lim	ited Liability Company as i (A Florida Limited Liability	t now appears on our records. y Company))	
The Articles of Organization for this Limited Liability Company were filed on 11/30/2017 Florida document number L17000245625		and assigned		
his amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liability c	ompany here:		
he new name must be distinguishable and contain the	words "Limited Liability Cor	mpany," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	11/	-: 20	
Principal office address MUST BE A STREET ADDRESS)			ب ع	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
•			င်ပ	
3. If amending the registered agent and egistered agent and/or the new registered of		address on our records,	enter the name of the	
Name of New Registered Agent:	Wen Wilson			
New Registered Office Address:	5388 Eliseo Street		<u> </u>	
		Enter Florida street address		
	Sarasota	, Flor	rida <u>34238</u>	
	\overline{C}	ity	Zip Code	

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

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>	<u>Address</u>	Type of Action
AMBR	PHARMACY MANAGEMENT HOLDINGS LLC	3222 NE 166TH ST	□ Add
		N MIAMI BEACH, FL, 33160	L /\dd
			■ Remove
			Change
MGR	EDWARD SZMIGIEL	112 DIXIE WAY	
		ROTONDA WEST, FL 33947	
			■ Remove
			Change
MGR	WEN WILSON	5388 ELISEO ST	
WIGK			= Add
		SARASOTA, FL 34238	
			□ Remove
			201
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			- 사 골 5년
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Tective date, if other than the date of filing:	filing.) Pursuan	မာ မာ ထ	5.0207
e record specifies a delayed effective date, but not an effective time, at 12:01 a The 90th day after the record is filed.	.m. on the	earlie	er of:
based , 1/1000 141 2019			
rated June 14, 2019. Signature of a member or authorized representative of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00