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C. GOLDEN MAY 1 3 2019

COVER LETTER

	С.	tration Se ion of Cor			
SUBJEC		RX CARE,	LLC		
SOBJEC			Name of Limite	ed Liability Company	
The encl	osed A	Articles of	Amendment and fee(s) are subm	uitted for filing.	
Please re	eturn a	ll correspo	ndence concerning this matter to	the following:	
			Scott E. Itkin		
				Name of Person	
			Penguin Tax, Inc.		
				Firn/Company	
			12401 ORANGE DR STE 2	22	
			-	Address	
			Davie, Florida 33330		
			rob@e-hcalthysolutions.com	City/State and Zip Code	
			E-mail address: (to	be used or future annual report notification)	
For furth	er info	ormation co	oncerning this matter, please call	l:	
Salvator	e Lant	ieri		954 592-5482	
		Name of	Person	Area Code Daytime Telephone Number	
Enclosed	lisaci	heck for th	e following amount:		
□ \$ 25.0	00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & S60.00 Filing Fee. Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certificate of Sta Certified Copy (additional copy is en	itus &
		Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, 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

FILED

RX CARE, LLC

2019 APR 29 AM 9: 41

(<u>Name of the Limited Liability Col</u> m (A Florida Limite	ipany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on 01/16/2018 and assigned
Florida document number L18000012210	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited is	ability company here:
	·
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	150 E Boca Raton Road
• • • • • • • • • • • • • • • • • • • •	Boca Raton, Florida 33432
(Principal office address MUST BE A STREET ADDRESS)	Poet Nation, Florida 55 152
	150 5 0 0 0
Enter new mailing address, if applicable:	150 E Boca Raton Road
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, Florida 33432
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have been address of New Registered Agent:	office address on our records, <u>enter the name of the new</u> ere:
	-
New Registered Office Address:	Enter Florida street address
	, Florida
Now Besides and Association (Colored to the Colored	·
New Registered Agent's Signature, if changing Registered Agen	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	s provided for in Chapter 605, F.S. Or, if this document is
11 de	nanging Registered Agent, Signature of New Registered Agent

or removed	from our records:	manage enter the title, name, and addre		
MGR = N AMBR = A	Manager Authorized Member			
<u> Fitle</u>	<u>Name</u>	Address	Type of Action	
MGR	BRETT MAUGERI	3200 N FEDERAL HWY		
		STE 221		
		BOCA RATON, FL 33431	Remove	
IGR	Salvatore Lantieri	150 E Boca Raton Road	□ Change	
		Boca Raton, FL 33432		
			□ Remove	
			Change	
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			Change	
			Add	
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			□ Remove	
			Change	

D- If amending	ng any other information, enter change(s) here: (Attac	h additional sheets, if necessary.)
····		
		
· <u>-</u> .		
		
		·
(If an effective on Note: If the	ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable status effective date on the Department of State's records.	(optional) iling or more than 90 days after filing.) Pursuant to 605.0207 (3)(b ory filing requirements, this date will not be listed as the
If the record s (b) The 90th	specifies a delayed effective date, but not an effe h day after the record is filed.	ective time, at 12:01 a.m. on the earlier of:
APRI Dated	IL 26 2019	
	Satraton Lan	tien
	Signature of a member or authorized repre	sentative of a member
S	SALVATORE LANTIERI Typed or printed name of	sioner
	Types of prised name of	

Page 3 of 3

Filing Fee: \$25.00