

LIB000070060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

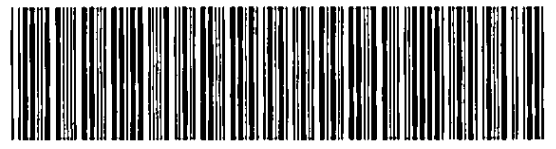
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF TEXAS
COMPTROLLER OF PUBLIC ACCOUNTS

2018 NOV 29 PM 3:26

FILED

D. BRUCE
NOV 08 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FREEDOM HEALTH RX LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EUTON P HARDY

Name of Person
FREEDOM HEALTH RX LLC

Firm/Company
PO BOX 328691

Address
FORT LAUDERDALE, FL 33332

City/State and Zip Code
sthubert@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAMARYS ALVARADO at (305) 807-4528
Name of Person Area Code Daytime Telephone Number

FILED
2018 MAY 29 PM 3:56
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

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)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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**

FREEDOM HEALTH 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 03/19/2018 and assigned Florida document number L18000070060.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4987 N UNIVERSITY DR

(Principal office address MUST BE A STREET ADDRESS)

SUITE 22A

LAUDERHILL, FL 33351

Enter new mailing address, if applicable:

PO BOX 328691

(Mailing address MAY BE A POST OFFICE BOX)

FORT LAUDERDALE, FL 33332

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

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

City

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

FILED
2018 MAY 29 PM 3:58
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

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>	<u>Type of Action</u>
MGR	HARDY, EUTON P	1525 NW 179TH AVE PEMBROKE PINES, FL 33029	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	EUTON, HARDY, JR	1525 NW 179TH AVE PEMBROKE PINES, FL 33029	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	BEATRICE, FELIXSON		<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ST HUBERT, FABIAN F	7443 NW 33RD ST UNIT 1101 HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

2018 FEB 29 PM 3:06
 FILED

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

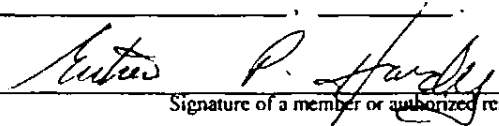
Multiple horizontal lines for amending information.

FILED
2018 OCT 29 PM 3:08
NOTARIES PUBLIC
STATE OF MISSISSIPPI

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated OCTOBER 19, 2018



Signature of a member or authorized representative of a member

EUTON P HARDY

Typed or printed name of signee