

L18000116354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

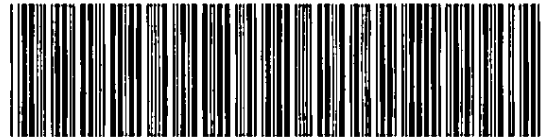
(Business Entity Name)

(Document Number)

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2019 APR 12 PM 4:34  
RECEIVED  
TOLSON

APR 13 2019  
C McNAIR

Edward T. Harrison  
First Responders Pharmacy, LLC  
3333 Curry Ford Road, Suite B  
Orlando, FL 32806

2019 APR 12 PM 4:34

SECRETARY  
HALLAMASSE

RE: Document L19000060916 Voluntary Dissolution:  
name change release

Good Afternoon Cheryl,

This letter is to confirm my wanting to release the name of First Responders Pharmacy, LLC so that it may be assigned to my other company via a name change, First Response RX, LLC, Document number 1800011634. I knew I could make an amendment change of officers, but was I was unaware that I could make a name change via a filing through the mail. My accountant, Sheryl Radford, told me I could, and we called the Sunbiz office on March 21 to confirm. We were told at that time to dissolve the other corporation so we could transfer the name to the existing one. Unfortunately, the person we spoke to did not tell us that we needed to offer a letter of to release the name for future use.

This is my confirmation that I am releasing the name so it may be transferred to my other LLC.

Feel free to contact me if you have any questions.

Thank you for your time in this matter.

Best,



Edward T. Harrison  
407-894-2373

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** First Response RX, LLC

Name of Limited Liability Company

2019 APR 12 PM 4:34

RECEIVED  
TALLAHASSEE, FL 32301

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

Please return all correspondence concerning this matter to the following:

Edward T Harrison

Name of Person

First Response RX, LLC

Firm/Company

3333 Curry Ford Road, Ste. B

Address

Orlando, FL 32806

City/State and Zip Code

firstresponderx@gmail.com

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

For further information concerning this matter, please call:

Deborah Harrison

407

375-3715

at ( )

Name of Person

Area Code

Daytime Telephone Number

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**

First Response RX, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2018 APR 12 PM 4:34

RECEIVED  
FALL ARIASSIE #1 0711

The Articles of Organization for this Limited Liability Company were filed on 5/9/2018 and assigned  
Florida document number L18000116354

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

First Responders Pharmacy, LLC

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:

3333 Curry Ford Road, Ste. B

**(Principal office address MUST BE A STREET ADDRESS)**

Orlando, FL 32806

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

**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

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	Deborah K Harrison	4275 Lillian Hall Lane Orlando, FL 32812	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Deanna P Biehler	1230 Alabama Drive Winter Park, FL 32789	<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
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			<input type="checkbox"/> Change

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**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.

Dated 3/18 2019

*Elmer E.*

Edward Harrison

Typed or printed name of signee