

418000204752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

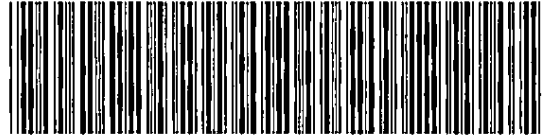
(Business Entity Name)

(Document Number)

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FILED
18 SEP 10 AM 8:02
OFFICE OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: ISA 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:

CHRISTOPHER J. FLOYD

Name of Person

ISA SOLUTION, LLC

Firm/Company

1377 OAKFIELD DRIVE

Address

BRANDON, FL 33511

City/State and Zip Code

cjfloyd@isa-solution.com

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

For further information concerning this matter, please call:

CHRISTOPHER J. FLOYD

941
at ()
Area Code

928 - 2019

Daytime Telephone Number

Name of Person

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

FILED
18 SEP 10 AM 8:02
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

This Amendment is being filed to correct
a spelling error in the last name of a
member.
P T F

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ISA 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 AUGUST 27, 2018 and assigned Florida document number L18000204752.

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)

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>
MGRM	ANTHONY SPODOTA	1377 OAKFIELD DRIVE	<input type="checkbox"/> Add
		BRANDON, FL 33511	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ANTHONY SPOTORA	1377 OAKFIELD DRIVE	<input checked="" type="checkbox"/> Add
		BRANDON, FL 33511	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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FILED
18 SEP 30 AM 8:52
COUNTY OF ST. JAC
TALLAHASSEE, FLORIDA

18 SEP 10 AM 8:32
 DEPARTMENT OF STATE
 WASHINGTON, D.C. 20520

FILED
18 SEP 10 AM 8:52
RECORDS & COMM. DIV.
TALLAHASSEE, FLORIDA

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 SEPTEMBER 6 2018


Signature of a member or authorized representative of a member

CHRISTOPHER J. FLOYD
Typed or printed name of signee