L19000186983

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Special Instructions to Fili	ng Officer:	
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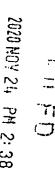
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COVER LETTER

	Registration Division of C		•	•
eub irz		WORK LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	
The enclo	osed Articles (of Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all corres	pondence concerning this matter	to the following:	
		ANAKARLA REYTOR		
			Name of Person	
		MIAMI LEGAL USA		
			Firm/Company	
		5167 SW 8 ST		
			Address	
		CORAL GABLES FL 331	34	
			City/State and Zip Code	
		MIAMILEGALUSA@GM	AIL.COM to be used for future annual report not	16 marion)
For furth	er information	n concerning this matter, please c		incarron)
ANAKA	RLA REYTO	OR .	305 456-4547	
	Name	e of Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for	r the following amount:		
■ \$25. 0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
	Mailing Addr		Street Address:	
	Registration Division of	n Section Corporations	Registration Se Division of Co	
	DO Day 6		The Centre of	-

P.O. Box 6327 Tallahassee, FL 32314

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RX NETWORK LLC				
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our recorded Liability Company)	<u>··</u>)	_	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L19000186983</u> .	ny were filed on <u>07/22/2019</u>	and	l assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here:			
SAME				
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC"	or the abbreviation	n "L.L.	<u>c."</u>
Enter new principal offices address, if applicable:	SAME			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	SAME	3E03E1	2020 HOY	7
(Mailing address MAY BE A POST OFFICE BOX)			21;	
		<u></u>	P 7	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ee address on our records, enter	the name of the		registere
Name of New Registered Agent: SAME				
New Registered Office Address:	Enter Florida street address	·		
	Fla	orida		

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.

City

Zip Code

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
MGR	JOSEPH G RODRIGUEZ JR	5167 SW 8 ST CORAL GABLES FL 33134	□Add
			■ Remove
		·	□ Change
AMBR	JGR Lyfestyle Holdings LLC	5167 SW 8 ST CORAL GABLES FL 33134	■ Add
			□Remove
			= Change
AMBR	ANAKARLA REYTOR	5167 SW 8 ST CORAL GABLES FL 33134	
			□Remove
		-	□ Change
			🗆 Add
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Filing Fee: \$25.00