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(Requestor's Name)
(Address)
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(Document Number)
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COVER LETTER

·		COVER LETTER		
TO: Registration So Division of Co				
PREVENT	`RX			The Park of the Pa
SUBJECT:	Name of Lim	ited Liability Company		EL SE TO THOUGH
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		St. C.
Please return all correspo	ondence concerning this matter	to the following:		
	Edwin Rodriguez			
		Name of Person	·	
	Prevent RX			
		Firm/Company		
906 W Sunrise Blvd. Ste B				
		Address		
	Fort Lauderdale, FL 33311			
		City/State and Zip Code		
	Erod0721@aol.com			
	E-mail address: (to be used for future annual report no	tification)	
For further information of	concerning this matter, please ca	all:		
Edwin Rodriguez		305 761 6907		
Name (of Person	Area Code Daytii	ne Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

MAILING ADDRESS:

TO:

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

Prevent RX		
(Name of the Limited Lial (A Flor	oility Company as it now appears on our record rida Limited Liability Company)	s.) and assigned
he Articles of Organization for this Limited Liability	Company were filed on _09/04/2019	and assigned
orida document number L19000224592	·	
nis amendment is submitted to amend the following	:	
. If amending name, enter the new name of the li	mited liability company here:	
ne new name must be distinguishable and contain the words "I	imited Liability Company." the designation "LLC	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	<u>.</u>
nter new mailing address, if applicable:		
<u> 1 Aailing address MAY BE A POST OFFICE BOX)</u>		
. If amending the registered agent and/or registered agent and/or the new registered office a		s, enter the name of the r
gistered agent and/or the new registered office at	duress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	SS .
		orida
	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>	Type of Action
MGR	Kirill Vesselov	906 W Sunrise Blvd. Ste B, Fort Lauderdale, FL, 33311	
			Remove
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lf an effe <u>Note:</u> J	ve date, if other the tive date is listed, the list inserted ent's effective date	ne date must be speci in this block does	fic and cannot be pri- not meet the appl	icable statutory fi	r more than 90 days	optional) after filing.) Pursuant t , this date will not b	to 605.0207 (e listed as t
ne reco	ord specifies a 90th day after	delayed effect the record is f	ive date, but n iled.	ot an effectiv	e time, at 12:(01 a.m. on the ϵ	arlier of:
Dated (September 14		2019				
	- ai 1	7	·	 ·			
	took	100	e of a member or aut				_
		Signature	e of a member or aut	horized representat	ive of a member		

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Filing Fee: \$25.00