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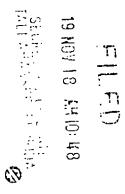
(Reque	estor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	f Status
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Office Use Only



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## **COVER LETTER**

	Registration Sec Division of Corp			
SHR IFC	PREVENT			
SOBALO	· ·	Name of Limit	ted Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please ret	urn all correspor	ndence concerning this matter t	to the following:	
		EDWIN RODRIGUEZ		
			Name of Person	<del></del>
		PREVENT RX LLC		
			Firm/Company	
		906 W SUNRISE BLVD		
			Address	<del>.</del>
		FORT LAUDERDALE FL	. 33311	
			City/State and Zip Code	
		EROD0721@AOL.COM		
		E-mail address: (t	o be used for future annual report notific	cation)
For furthe	er information co	oncerning this matter, please ca	ill:	
EDWIN	RODRIGUEZ		305 761-6907	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 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

PREVENT RX LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	appears on our records.) npany)
The Articles of Organization for this Limited Liability Company were filed	on 09/04/2019 and assigned
lorida document number L19000224592	
his amendment is submitted to amend the following:	
a. If amending name, <u>enter the new name of the limited liability comp</u>	eany here:
he new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	(C)
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office addregistered agent and/or the new registered office address here:	ess on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	nter Florida street address
61	mer 1 tortaa sireet aaaress
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KIRILL VESSELOV		□ Add
		906 W SUNRISE BLVD STE B FORT LAUDERDALE FL 33311	Remove
			☐ Change
			. □ Remove
			☐ Change
			<u>22 S</u> □ <b>28</b> 0
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ective date, if other than the date of filing: neffective date is listed, the date must be specific and cannot be prior	o date of filing or more th	( <b>optional)</b> nan 90 days after filing.) Pursu	ant to 605.020
te: If the date inserted in this block does not meet the application. cument's effective date on the Department of State's records.	ble statutory filing req	prirements, this date will n	ot be listed a
record specifies a delayed effective date, but not he 90th day after the record is filed.	an effective time	, at 12:01 a.m. on th	ne earlier (
NOVEMBER 15TH 2019			
C. I			

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Typed or printed name of signee

Filing Fee: \$25.00