L19000 236 046

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





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11/18/19--01005--002 **25.00



TECHPOEDER

COVER LETTER

TO:	Registration Sec Division of Corp			
421.115	PREVENT			
SUB	JЕСТ:		ited Liability Company	
The	enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Pleas	se return all correspon	dence concerning this matter	to the following:	
		EDWIN RODRIGUEZ		
			Name of Person	
		PREVENT RX 2,LLC		
		•	Firm/Company	·· <u>·</u>
		906 W SUNRISE BLVD S	STE В	
			Address	
		FORT LAUDERDALE, F	LORIDA 33311	
			City/State and Zip Code	
		EROD0721@AOL.COM		
		E-mail address; ()	to be used for future annual report notifi	cation)
For t	further information co	ncerning this matter, please co	all:	
EDV	WIN RODRIGUEZ		305 761-6907	
	Name of	Person	at () Area Code Daytime	Telephone Number
Encl	osed is a check for the	e following amount:		
	\$25.00 Filing Fee	S30.00 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 2, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	,
he Articles of Organization for this Limited Liability Company lorida document number	were filed on09/18/2019	and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lial	bility company here:	
ne new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		
		, n
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		: ::
	T-11-	
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	<u>re</u> :	enter the name of the
	Enter Florida street address	
	, Flor	ida
	1, 44)	7.47 X CAGC

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>	Address	Type of Action
MGR	KIRILL VESSELOV		
		906 W SUNRISE BLVD, FORT LAUDERDALE, FL 33311	■ Remove
			Change
			Add
			Remove
			Change
			—————————————————————————————————————
			Remove
		$G_{\mathcal{L}}$	∴ □ Change
			Add Remove
			Change
			□ Add
			Change
			□ Add
			☐ Remove
			Change

NOVEMBER 15 2019	<u> </u>		
ne record specifies a delayed effective date, but not The 90th day after the record is filed.	t an effective time, a	at 12:01 a.m. on th	e earlier o
fan effective date is listed, the date must be specific and cannot be prior Note: If the date inserted in this block does not meet the application document's effective date on the Department of State's records.	able statutory filing requir		
Effective date, if other than the date of filing:		(optional)	
		19 28	8 11:
		····	<u>*</u>
			NOV 18
		2 P	. NO NO

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00