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JAN 13 2020

S. YOUNG

SECRETE TO AM /F 18

COVER LETTER

GET MED	NCATED, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	*Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
Division of Corporations GET MEDICATED, 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: PATRICIA GARRABRANT Same of Person GET MEDICATED, LLC Firm/Company 6355 LA COSTA DR. APT C Address BOCA RATON, FL 33334 ChysState and Zip Code PG@GETMEDICATED.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PATRICIA GARRABRANT Name of Person Fara Sold Area Gode Certificate of Status Certificate Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P. O. Box 6327 The Centre of Tallahassee			
	Division of Corporations GET MEDICATED, LLC Name of Limited Liability Company seed Articles of Amendment and fee(s) are submitted for filing, turn all correspondence concerning this matter to the following: PATRICIA GARRABRANT Name of Person GET MEDICATED, LLC Finu*Company 6355 LA COSTA DR. APT C Address BOCA RATON, FL 33334 City/State and Zip Code PG@GETMEDICATED.COM E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: IA GARRABRANT Name of Person Area Gode Division of Corporations Street Address: Registration Section Division of Corporations Name of Corporations Street Address: Registration Section Division of Corporations		
	GET MEDICATED, LLC		
		Firm/Company	
	6355 LA COSTA DR. AP	T C	
		Address	
	BOCA RATON, FL 3333	4	
	Name of Limited Liability Company Famendment and fee(s) are submitted for filing.		
	-		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
PATRICIA GARRABR	ANT		
Name (of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
-			
	•		
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GET MEDICATED, LLC		75 76 76 76 76 76
	Company as it now appears on our records.) Limited Liability Company)	B T
The Articles of Organization for this Limited Liability Co Florida document number L19000243391 This amendment is submitted to amend the following:		-9 and assigned D
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the n	name of the new registered
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 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	JULIEN CRAAN	3121 W HALLANDALE BEACH BLVD 108	= Add
		HALLANDALE, FL 33009	□Remove
			□ Change
MGR	SHAHEED KHAN	812 S RIVERSIDE DR	🗆 Add
		POMPANO BEACH, FL 33062	■Remove
			□Change
			□Add
			□Remove
			□Change
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 are: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as neument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed. ated DECEMBER 3. 2019 Additional December 3. 2019 Additional December of authorized representative of a member	_		
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_ Hotzia Danabrant			the
Signature of a member or authorized representative of a member	ited _.	- Patricia Danabiant	
		Signature of a member or authorized representative of a member	

Filing Fee: \$25.00