## L19000243391

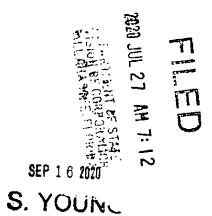
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07/27/20--01068--003 \*\*25.00



## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:	Name of Lim	ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	PATRICIA GARRABRA!	N.I.		
		Name of Person	<del></del>	
	GET MEDICATED, LLC			
	<u> </u>	Firm/Company	<del>.</del>	
	C/O 6355 LA COSTA DR	C		
		Address		
	BOCA RATON FL 33433			
		City/State and Zip Code		
	PGARRABRANT@GMAI			
	E-mail address: (	to be used for future annual report not	ification)	
For further information e	oncerning this matter, please c	all:		
PATRICIA GARRABRANT		561 561-212-54.	57	
Name of Person		at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	e following amount:			
■ \$25.00 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)	
<u>Mailing Addres</u>	<u>s:</u>	Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314			e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GET MEDICATED, LLC

( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records. Liability Company)	) B T
The Articles of Organization for this Limited Liability Company	were filed on 09/26/2019	and assigned
Florida document number L19000243391		
This amendment is submitted to amend the following:		温まし
A. If amending name, enter the new name of the limited liab	ility company here:	10 N
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3121 W HALLANDALE BEAC	H BLVD 108
(Principal office address MUST BE A STREET ADDRESS)	HALLANDALE, FL 33009	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	· · ·	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter tl</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
rew registered office reduces.	Enter Florida street address	
	, Flor	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F	l I am familiar with and
If Char	iging 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	PATRICIA GARRABRANT	6355 LA COSTA DR C	
		BOCA RATON, FL 33433	<b>≡</b> Remove
			□ Change
			□Add
			Remove
			Change
			☐ Change
		<u></u>	□Add
			□Remove
		<del></del>	□Change
			□Add
			□Remove
			□Change
			□Add
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			□Change

Hective date, if other than the date of filing:  17/22/2020 (optional)  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, once if the date inserted in this black does not meet the applicable statutory filing requirements, this date will not be listed as to extend a secure of 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.  3020  302						
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PATRICIA GARRABRANT		- /		=		

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Filing Fee: \$25.00