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SECRETARY STATE

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COVER LETTER

Registration Section Division of Corporations

TO:

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ANNA KARINA RUBIO		
		Name of Person	
	PRYME RX LLC		
		Firm/Company	
	1500 NW 3RD STREET,	STE 101/102	
		Address	
	DEERFIELD BEACH, FL	. 33442	
		City/State and Zip Code	
	ANNA@PRYMERX.COM		
	E-mail address: (to be used for future annual report no	tification)
For further information e	oncerning this matter, please c	all:	
ANNA KARINA RUBI	9	561 221-8397	
Name o	f Person		me Telephone Number
	C. 1)	t	
Enclosed is a check for the	-		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration Section		Registration S	
Division of C P.O. Box 632	-	Division of Co The Centre of	-
1.O. DOX 032			
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

P	RYME RX, LLC	
(<u>Name of the Limited Liah</u> (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 11/04/2019	and assigned
Florida document number L19000275080		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	inited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		201 7.55
(Mailing address MAY BE A POST OFFICE BOX)		
(maining dauress MAT BE ATOST OFFICE BOA)		- S - F
		m
B. If amending the registered agent and/or register		name of the new registere
agent and/or the new registered office address here	:	F. 16
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Floric	la
	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>Addı</u>	ress	Type of Action
AMBR	JASON KASHOU	1500	NW 3RD STREET, #101	
		DEE.	ERFIELD BEACH, FL 33442	=Remove
				Change
	<u> </u>			□Add
				□Remove
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Iffective date, if other an effective date is listed, the late inserted locument's effective date	in this block doc	s not meet the applic	able statutory filing i	(optional) e than 90 days after filing. requirements, this date) Pursuant to 605.0207 will not be listed as
record specifies a delayed is filed.	ed effective date, b	out not an effective ti	ime, at 12:01 a.m. on	the earlier of: (b) Th	e 90th day after the
pated		· \frac{2019}{1000}			
	<i>7</i>	$\sim \sim 10^{-1}$	~~~		
	Signatúi	c of a member or auth	orized representative of	a member	

Filing Fee: \$25.00