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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
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COVER LETTER

	Registration Se Division of Cor				
	Kingsley R.				
SUBJEC	T:		ited Liability Company		
Th	and Satislan of	Amondment and foots) are sub-	mitted for filing		
		Ashley Orbe			
			Name of Person		Status &
		Kinggsley RX LLC			
			Firm/Company		
	,	1542 Kingsley AVe #142			
			Address		
		Orange Park, FL 32073			itus &
			Name of Person y RX LLC Firm/Company gsley AVe #142 Address ark, FL 32073 City/State and Zip Code ingsleyrx.com E-mail address: (to be used for future annual report notification) s matter, please call: at (
		ashley@kingsleyrx.com			
For furtl	ier information c	oncerning this matter, please c		n tepat nonteacon)	
Ashley (Orbe		904 50	06-8555	
	Name o	of Person	at () Area Code	Daytime Telephone Number	
Enclosed	d is a check for th	he following amount:			
■ \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status nclosed) Certified Copy	
	Mailing Addres Registration S			Address: ration Section	
	Division of C	Corporations	Divisio	on of Corporations	
	P.O. Box 632 Tallahassee,			entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

23

Kingsley RX LLC		
(Name of the Limite	d Liability Company as it now ap A Florida Limited Liability Compa	pears on our records.)
The Articles of Organization for this Limited Lie Florida document number L20000167105	ability Company were filed or	3Une 16, 2020 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability compan	y here:
The new name must be distinguishable and contain the wa	ords "Limited Liability Company,"	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	<u> </u>
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I	<u> </u>	
·	• -	ir records, enter the name of the new registered
Name of New Registered Agent:	Kathleen Coleson	
New Registered Office Address:	2876 Sunrise Creek Rd	
	Enter	Florida street address
	Green Cove Springs	, Florida 32043
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

or entrepressing as an exercise

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
AMBR	Ashley Orbe	2887 Sunrise Creek Road	≣ Add
		Green Cove Springs, FL 32043	□Remove
			□Change
AMBR	Kathleen Coleson	2876 Sunrise Creek Road	= Add
		Green Cove Springs, FL 32043	🗆 Remove
			□Change
AMBR	Madeline DeFalco	816 Sunny Stroll Drive	□Add
		Middleburg, FL 32068	■Remove
			□Change
			🗀 Add
		 	□Remove
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Effective date	if other tha	n the date o	f filing: 8,	/20/2021			(optional	B	
(If an effective date	is listed, the da	ate must be spec	ific and can	not be prior	to date of f	iling or mor	e than 90 day	s after filin	g.) Pursuant to	605,0207 (
Note: If the da document's effe	etive date on	the Departme	nt of State	the application in the seconds.	anie statut	ory ming	requirement	s, this dat	e will not be	hsted as th
he record specific	s a delayed et	ffective date, b	out not an e	effective ti	me, at 12:	01 a.m. on	the earlier	of: (b) - 1	he 90th day	after the
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Dated August 2	Madel cline DeFalco	Signatur	Fall.	O ber or autho	rized repre	sentative o	`a member			_

Filing Fee: \$25.00