L20000266596

(Requestor's Name) (Address) (Address)	900352470239
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	RECENTED SEP 2 8 ZUZU
(Business Entity Name) (Document Number)	09/29/2001019012 **43.75
Certified Copies Certificates of Status Special Instructions to Filing Officer:	CEC 0
	709190 3 AH 8
Office Use Only	Min 9 33 33 33 33 33 33 33 33 33 33 33 33 3



November 9, 2020

LUCIENNE FENELON 4271 NW 5TH ST APT #115 PLANTATION, FL 33317

SUBJECT: LUCIE FENELON RX PRIOR AUTH SPECIALIST LLC

Ref. Number: L20000266596

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 520A00022357

Susan Tallent Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
SUBJECT: Lucie	Fenelon Ry F Name of Lim	ited Liability Company	alist LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lucienne,	Fenelon Name of Person	<u></u>
	Lucienne !	Firm/Company	
	4271 N.W. 5th	h ST Apt # 115 Address	
		City/State and Zip Code	
	Jucy Fenelan 19 E-mail address: (848 and for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
Lucienne Name o	Fenelon	at (<u>FB6</u>) <u>333- 0</u> Area Code Daytin	808
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 50
Mailing Addres		Street Address:	
Registration S Division of C		Registration So Division of Co	
P.O. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were med on Hugust	at, signed
Florida document number <u>L20000266596</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Luclence Fenelon LLC The new name must be distinguishable and contain the words "Limited Liabil		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "Ll	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4271 Mm. 5th	5T # 115 52 33317
(Principal office address MUST BE A STREET ADDRESS)	Plantation 1	7 333/7
		~; ~;
Enter new mailing address, if applicable:		279941
(Mailing address MAY BE A POST OFFICE BOX)		
(Maining dadress MAT BE AT OST OFFICE BOA)		3
	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered office a	address on our records, <u>ent</u>	er the name of the new registered
agent and/or the new registered office address here:		9(
	1, 7,	
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	·•	·
	Enter Florida street add	
	,]	Florida Zip Code
		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr 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.	ee to act in this capacity. I performance of my duties, provided for in Chapter 60:	and I am familiar with and 5, F.S. Or, if this document is

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>	Name	Address	Type of Action
		N/A	🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□ Add
			□Remove
		•	🗆 Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
		····	□Change
			□Add
			□Remove
			□ Change

_	
_	
_	
_	
_	
-	
_	
_	
_	
_	
_	
If an effi <u>Note:</u>	ve date, if other than the date of filing:
rd is fil	
rd is fil	ed.
rd is fil	