2/25/2021

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(((H21000078985 3)))



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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NATION RX ADVOCATES "LLC"

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March 1, 2021

## FLORIDA DEPARTMENT OF STATE Division of Corporations

NATION RX ADVOCATES "LLC" 902 CLINT MOORE RCAD SUITE 124 BOCA RATON, FL 33487

SUBJECT: NATION RX ADVOCATES "LLC"

REF: L21000025524

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The new name you are wanting is the same name you already have on file.

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) 245-6051.

Tracy L Lemieux Regulatory Specialist II FAX Aud. #: H21000078985 Letter Number: 521A00004370

101 FFB 29 PH 2: 24

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATION RX ADVOCATES "LLC"

(Name of the Limited Liability (A Florida L	Company as it now appears on climited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Con-	npany were filed on 01/11/20	21 and assigned
Florida document number L21000025524		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
NATION RX ADVOCATES LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designa	tion "LLC" or the abbreviation "L.L C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	SS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:  Name of New Registered Agent:	ffice address on our record	s, enter the name of the new registered
New Registered Office Address:		
	Enter Florida str	
		, Florida
N. Y. tan I.A. M. Cl. of the last of the l	City	zip Coae
New Registered Agent's Signature, if changing Registered A	<del>_</del>	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com accept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	iplete performance of my d nt as provided for in Chapt	uties, and I am fami <u>lt</u> ar with and er 605, 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

Title	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□ Change
			□ Add
			□Remove
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			Change
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			© Change
			□Remove
		·	□ Change

(If an e Note:	tive date, if other than the date of filing:  (optional)  ffective 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 (3)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he reco	rd 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 filed.
	Feburary 25 2021
Dated	
Dated	
Dated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00