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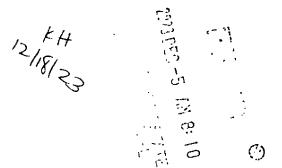
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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	——————————————————————————————————————	
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COVER LETTER

TO: Registration Se Division of Cor			
AMRX, LL SUBJECT:	С		
Sobilet.			
The analogad Artiglas of	Amendment and fee(s) are sub	smitted for filing	
Please return all correspo	ndence concerning this matter	to the following:	
	ARTHUR FLETCHER II		
		Name of Person	
815 S PALAFOX STREET			
		Address	
	PENSACOLA, FL 32502		
		City/State and Zip Code	
	ARTHUR@AMRXUSA.C		
		to be used for future annual report notification)	
For further information c	oncerning this matter, please c	all:	
ARTHUR FLETCHER I	I	850 261-5997 at ()	<i>د</i> ئ
Name o	f Person	Area Code Daytime Telephone Number	2.2.6
Enclosed is a check for th	ne following amount:		ύι
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ling Fee, te of Status & CO Copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMRX, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jiability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000128036</u>	were filed on 03/14/2022	and assign	ied
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
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:			
(Principal office address MUST BE A STREET ADDRESS)			
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: Name of New Registered Agent:	address on our records, <u>enter the na</u>	ame of the new ro	egistered
New Registered Office Address:		·	
	Enter Florida street address	0	
	Florida	Zip Code_	_{(?.}
	•		<u>('</u>

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 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
MGR	RUPERT PHILLIPS	815 S PALAFOX ST	□ Add
		PENSACOLA, FL 32502	Remove
			□ Change
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n effective date is listed, the date must be te : If the date inserted in this block	specific and cannot be prior to da does not meet the applicable	te of filing or more than 9 statutory filing require	o days after filing.) Pursuan ments, this date will not	t 10,605.020 be listed as
cument's effective date on the Depar	tment of State's records.		•	ċċ .
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cord specifies a delayed effective da s filed.	te, but not an effective time,	at 12:01 a.m. on the ea	rlier of: (b) The 90th de	ay after the
NOVEMBER 27	2023			
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