

L22000292241

Florida Department of State
Division of Corporations
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(((H24000173884 3)))



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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : REZLEGAL, LLC
Account Number : 120140000033
Phone : (904) 685-9321
Fax Number : (904) 567-1066

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Scott@revmedgroup.com

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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K. SALY

MAY 15 2024

COVER LETTER

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**TO: Registration Section
Division of Corporations**

SUBJECT: Choice PharmD LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

J. David Jeans, Esq.

Name of Person

RezLegal, LLC

Firm/Company

816 A1A North, Suite 204

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

scott@revmedgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J. David Jeans, Esq.

904

638-1085

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional 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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Choice PharmD LLC

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

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2024 MAY 14 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on June 28, 2022 and assigned
Florida document number L22000292241.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

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MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Daniel S. Revels	11555 Central Parkway, Suite 504	<input type="checkbox"/> Add
		Jacksonville, FL 32224	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Randall J. McCann	11555 Central Parkway, Suite 504	<input type="checkbox"/> Add
		Jacksonville, FL 32224	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Chase R. Hancock	11555 Central Parkway, Suite 504	<input type="checkbox"/> Add
		Jacksonville, FL 32224	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Maksim Dudenkov	11555 Central Parkway, Suite 504	<input type="checkbox"/> Add
		Jacksonville, FL 32224	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Empower Holdings Group, Inc.	11555 Central Parkway, Suite 504	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32224	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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SECURITY
FALCON

F. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated May 14, 2024

DocuSigned by:
[Signature]
19F154AA607C482 Signature of a member or authorized representative of a member

Daniel S. Revels

Typed or printed name of signee

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Filing Fee: \$25.00