

L23000105578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

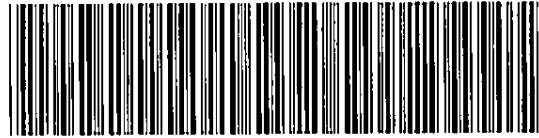
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2025 JAN 14 AM 9:24

CLERK OF STATE
TALLAHASSEE, FLORIDA

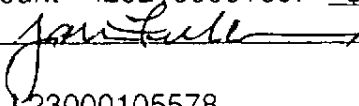
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2025 JAN 14 PM 3:15

CLERK OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: \$25.00

Authorization Signature 

A&M Prime Group, LLC L23000105578

Business #Document

Walk in _____ Will wait _____

____ Certified Copies of the articles
____ Certificate of Status

NEW FILINGS

____ Profit
____ Not for Profit
____ LLC
____ Domestication
____ INC
____ CORP
____ OTHER

AMENDMENTS

__X__ Amendment
____ Resignation of R.A.
____ Change of Registered Agent
____ Revocation of Dissolution
____ Conversion
____ Statement of Authority
____ Merger
____ Amended and Restated Articles

OTHER FILINGS

____ TRANSMITTAL LETTER
____ Fictitious Name
____ Statement of Authority
____ APOSTIL _____
 COUNTRY

REGISTRATION/QUALIFICATIONS

____ Foreign Filing
____ Partnership
____ Reinstatement
____ Statement of CORRECTION
____ Domestication of a Foreign Corp.
____ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A&M PRIME GROUP, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELIZABETH ZAMORA-EDWARDS

Name of Person

VZ ACCOUNTING SERVICES INC.

Firm Company

6420 NW 5TH WAY

Address

FORT LAUDERDALE FL 33309

City State and Zip Code

elizabeth@vzaccountingservices.com

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

For further information concerning this matter, please call:

ELIZABETH ZAMORA-EDWARDS 954 598-2994
Name of Person at () 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

A&M PRIME GROUP, LLC

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

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2025 JAN 14 AM 9:24

TALLAHASSEE, FLORIDA
and assigned

The Articles of Organization for this Limited Liability Company were filed on 02 28 2023

Florida document number L23000105578

This amendment is submitted to amend the following:

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

INJURED RESPONSE PHARMACY LLC

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)

37 EAST ACRE DRIVE

PLANTATION, FL 33317

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

37 EAST ACRE DRIVE

PLANTATION, FL 33317

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:

37 EAST ACRE DRIVE

Enter Florida street address

PLANTATION

Florida 33317

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

•

MGR = Manager

AMBR = Authorized Member

[illegible]

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

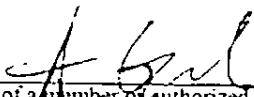
(This area is for amendments. It contains 15 horizontal lines for text entry.)

FILED
2025 JAN 14 AM 9:24
TALLAHASSEE, FLORIDA

E. 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 DECEMBER 27, 2024



Signature of a member or authorized representative of a member

ALBERTO GIL

Typed or printed name of signer