L23000460826

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2023 OCT 30 AM IO: 41 SENTENNING OF STATE FALL MINSSEE, FL

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Con			•
Simply Rx SUBJECT:	LLC		
30 5 0 5 0 5 01.	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	amitted for filing	
	ondence concerning this matter	•	
	Mongkol Sriwongjanya		
		Name of Person	
	Simply Rx LLC		
		Firm/Company	_
	3425 NW 87TH Ave.		
		Address	_
	Cooper City, FL 33024		
	 -	City/State and Zip Code	_
	mac2047@yahoo.com		20
For further information e	E-mail address: (oncerning this matter, please c	to be used for future annual report notification)	23 OC <u>FOR LE</u>
Mongkol Sriwongjanya	one	954 4961691	T 36
Name o	f Person	Area Code Daytime Telephone Numbe	2023 OCT 36 AH IO: 4 SECT NATIONS SEE, FL
Enclosed is a check for the	ne following amount:		· m —
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ate of Status &
Mailing Address Registration S Division of C	Section orporations	Street Address: Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Simply RX LLC		
(Name of the Limited Liubi (A Florid	lity Company as it now appears on our records. la Limited Liability Company)	(;)
The Articles of Organization for this Limited Liability	Company were filed on October 5, 2023	and assigned
Florida document number L23000460826		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
he new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
		2023 OCT SECN:
inter new mailing address, if applicable:		C 00
Mailing address MAY BE A POST OFFICE BOX)		2 y y
		Signal Si
		EFS 6
3. If amending the registered agent and/or registere	ed office address on our records, <u>enter t</u>	
gent and/or the new registered office address here:		— —
N CN D N LA		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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

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
M6 P	Mongkol Sriwongjanya	3425 NW 87TH Ave. Cooper City, FL 33024	= Add
		. <u> </u>	□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			SECULIANI 3
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If an effective da Note: If the d	e, if other than the second is listed, the date must be ate inserted in this before the Later on	ist be specific and lock does not i	d cannot be pr meet the app	ior to date of fili licable statuto	ng or more than 9 ry filing require	(optiona 0 days after fili ments, this da	ig.) Pursuant to 605.	0207 :d as
e record specif rd is filed.	ies a delayed effecti	ve date, but no	t an effective	time, at 12:0	I a.m. on the ca	rlier of: (b)	The 90th day after	the
	r. 25		2023 ,	-/	7			
Dated		`	ZXIVIM.	/				

Filing Fee: \$25.00