## L24000256724

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Name:Patrice Rush  Reference #:
VERED RX LLC      ✓ Articles of Incorporation/Authorization to Transact Business     ✓ Amendment     ✓ Change of Agent
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<ul> <li>✓ Articles of Incorporation/Authorization to Transact Business</li> <li>☐ Amendment</li> <li>☐ Change of Agent</li> </ul>
☐ Change of Agent
Reinstatement
Conversion E
Merger Size
☐ Dissolution/Withdrawal
Fictitious Name
Other

F: +852.2682.9790



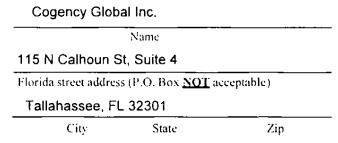
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Date: 06/1	0/2024		
Name:	Patrice Rush	<del></del>	
Reference #:			
Entity Name:	VE	RED RX LLC	
_		ion to Transact Business	
Amendment	t		
☐ Change of A	Agent		
Reinstateme	ent		
Conversion			2024.
Merger			2024 JUN 10
☐ Dissolution/	Withdrawal		92 - 2
☐ Fictitious Na	ime		£, ₽, <b>€</b>
Other			LTE
Authorized Amount	\$125.00		
Signature:	(Pall		

## ARTICLE II - Name: The name of the Limited Liability Company is: VERED RX LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: Mailing Address: 36 Olympia Lane Monsey, NY 10952 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:



Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. 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 relating to the proper and complete performance of my diffies, and familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

Sheila Carroll, Assistant Secretary (CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	VERED RX HOLDCO LLC
	36 Olympia Lune Monsey, NY 10952
MGR	DAVID TEMPLER
	36 Olympia Lane Monsey, NY 10952
<del></del>	
<del></del>	
(Use attachment if necessary)	
ICLE V: Effective date, if other than the da	ate of filing:
	specific and cannot be more than five business days prior to or 90 pays
: If the date inserted in this block does no	ot meet the applicable statutory filing requirements, this date will no the li
ocument's effective date on the Departme	ent of State's records.
ICLE VI: Other provisions, if any.	Sec. A

Filing Fees:

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State

Typed or printed name of signee

Diana Johnson, Authorized Person

constitutes a third degree felony as provided for in s.817.155, F.S.