P19000021604

(Rec	questor's Name)	
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(City	//State/Zip/Phone	? #)
PICK-UP	MAIT	MAIL
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(DOC	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer	
Opecial instructions to 1	ining Officer.	





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A. Butler 10/22/21

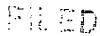
COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: Prescription Conne	ection, Inc				
DOCUMENT NUMBER: P19000021604					
The enclosed Articles of Amendment and fee are su	bmitted for filing.				
Please return all correspondence concerning this ma	itter to the following:				
Tayor D Lirot					
	Name of Contact Person				
Prescription Connection, Inc					
	Firm/ Company				
4456 Tamiami Trail Unit Uni	4456 Tamiami Trail Unit Unit B-12				
	Address				
Port Charlotte, FL 33950					
	City/ State and Zip Code				
tdlirot@dmenorthwest.com	tdlirot@dmenorthwest.com				
E-mail address: (to be us	sed for future annual report	notification)			
For further information concerning this matter, pleas	se call:				
Taylor Lirot	at (720	951-7972			
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:			
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment 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 Incorporation of



			Of the same digit
		tly filed with the Florida	Dept. of State 114 7:51
P19000021604 PRESCRIPTION CON			IOR. STATE
	(Document Number	of Corporation (if known)	ALLANGESE, FL
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporatio	on adopts the following amendment(
A. If amending name, enter the new n	ame of the corporation:		
N/A			TV .
name must be distinguishable and contain "Inc" or Co.," or the designation "("chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation	
B. Enter new principal office address, if applicable:		N/A	
Principal office address MUST BE A S			
		<u></u>	
		·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
O. If amending the registered agent an new registered agent and/or the new			name of the
Name of New Registered Agent	CHRIS MARGAIT		
<u> </u>	1324 STONEHAVEN E	STATES DR 617	
		treet address)	
N. P	WEST PALM BEACH		33411-6617
New Registered Office Address:		(City)	, Florida (Zip Code)
			,
New Registered Agent's Signature, if c I hereby accept the appointment as regist			utions of the position.
	Docustigned by	Number	
	Signature of New	Registered Agent, if changi	ing

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>J</u>	ohn Doc	
X Remove	<u>v</u> <u>n</u>	Mike Jones	
X Add	<u>SV</u> <u>S</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)Change	P	TAYLOR D LIROT	4456 TAMIAMI TRAIL
Add			UNIT B-12
X Remove			PORT CHARLOTTE, FL 33950
2) Change	P	CHRISTOPHER MARGAIT	1324 STONEHAVEN Estates Dr
X Add			WEST PALM BEACH,FL 33411
Remove 3) Renove			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

A	g or adding addition tional sheets, if neces		•		
					
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II on omeone	iment provides for a for implementing t	he amendment if no	stration, or cance	amendment itself:	res,
nrovisions	to: mipicincutting t	N/A)	or contained in the	amendment nach.	
provisions	applicable, indicate				
provisions (if not	applicable, indicate				
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The date of each amendment	s) adoption:	, if other than the
date this document was signed.	09/16/2021	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	nis block does not meet the applicable statutory filing requirements, the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholde	er action and shareholder
☐ The amendment(s) was/were by the shareholders was/we	adopted by the shareholders. The number of votes cast for the amend re sufficient for approval.	ment(s)
	approved by the shareholders through voting groups. The following solf for each voting group entitled to vote separately on the amendment(s)	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by TAYLOR D LIRC	т 	
	(voting group)	
09/16/2 Dated		
Signature	DocuSigned by:	
sel	a director? Fitch other officer – if directors or officers have not ected, by an incorporator – if in the hands of a receiver, trustee, or other pointed fiduciary by that fiduciary)	
	TAYLOR D LIROT	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	