

293854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

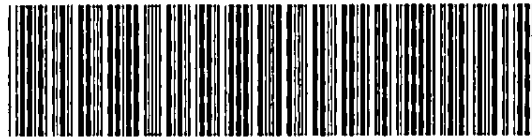
(Business Entity Name)

(Document Number)

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*Handwritten signature*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 8, 2020

HARIT PATEL \*2ND MAILING  
CHEEK PHARMACY, INC.  
16740 CARRAVAGGIO LOOP  
MONTVERDE, FL 34756

SUBJECT: CHEEK PHARMACY, INC.  
Ref. Number: 293854

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THIS FORM CANNOT BE USED TO MAKE CHANGES FOR PERCENTAGES. ATTACHED IS AN AMENDMENT FORM FOR MAKING THESE CHANGES. ALSO NOTE THAT CHIRAG PATEL'S TITLE IS DIRECTOR. PLEASE AMEND ACCORDINGLY AND RESUBMIT THE AMENDMENT FORM ONLY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 020A00016206

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ~~SWAMP~~ CREEK PHARMACY INC  
DOCUMENT NUMBER: 293854

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NARIT PATEL  
Name of Contact Person  
CREEK PHARMACY INC  
Firm/ Company  
16740 CARAYALLO LOOP  
Address  
MONTVERDE FLORIDA 34756  
City/ State and Zip Code  
cheekdrugs@outlook.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NARIT PATEL at 352 498 3342  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☒ \$35 Filing Fee  
☐ \$43.75 Filing Fee & Certificate of Status  
☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  
☐ \$52.50 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

Articles of Amendment  
to  
Articles of Incorporation  
of

CREEK PHARMACY, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

293854

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

NA

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

NA

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C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NA

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

NA

(Florida street address)

New Registered Office Address:

NA

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

NA

Signature of New Registered Agent, if changing

**Check if applicable**

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)

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.

Example:

X Change                      PT        John Doe

X Remove                    V        Mike Jones

X Add                        SV        Sally Smith

Type of Action  
(Check One)

Title

Name

Address

1)      Change

DIRECTOR    CHIRAN PATEL

403 HEATHER HILLS DR  
CHEAMONT PL 30711

     Add

X Remove

2)      Change

     Add

     Remove

3)      Change

     Add

     Remove

4)      Change

     Add

     Remove

5)      Change

     Add

     Remove

6)      Change

     Add

     Remove

E. If amending or adding additional Articles, enter change(s) here:  
(Attach additional sheets, if necessary). (Be specific)

CHIRAK PATEL (DIRECTOR) being removed  
from the Corporation resulting in  
share distribution as follows:

NARBIT PATEL (50% shares)  
SHABU PATEL (50% shares)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,  
provisions for implementing the amendment if not contained in the amendment itself:  
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: SEPT 15 2020, if other than the date this document was signed.

Effective date if applicable: SEPT 15, 2020  
(no more than 90 days after amendment file date)

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.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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 CHEN PHARMACY INC  
(voting group)"

Dated SEPT 15 2020

Signature [Signature]  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

HARIT PATEL

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)