

L07000091079

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CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
OCT 24 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Superior Pharmacy of Temple Terrace, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dipak Patel

Name of Person

Firm/Company

5671 E Fowler Ave, Suite 215

Address

Temple Terrace, FL 33617

City/State and Zip Code

drshamen@yahoo.com

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

For further information concerning this matter, please call:

915-245-1870

Dipak Patel

214-9015588 P

at ()

Name of Person

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Superior Pharmacy of Temple Terrace, LLC

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

FILED
13 OCT 21 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/5/2007 and assigned
Florida document number ~~H070002217913~~ *L07000091079

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

5671 E Fowler Ave, Suite 215

Temple, Terrace, FL 33617

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5671 E Fowler Ave, Suite 215

Temple Terrace, FL 33617

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:

5671 E Fowler Ave, Suite 215

Enter Florida street address

Temple Terrace

City

, Florida 33617

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

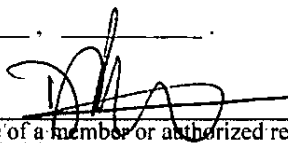
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Prana Assets, LP	225 W 520 N	<input checked="" type="checkbox"/> Add
		Orem, Utah 84057	<input type="checkbox"/> Remove
MGRM	Prana Assets, LP	11531 56th Street	<input type="checkbox"/> Add
		Temple Terrace, FL 33617	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated



Signature of a member or authorized representative of a member

Dipak Patel

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00