

L08000087232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500205774465

04/29/11--01037--001 **25.00

FILED
2011 APR 29 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAY - 2 2011

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: JSK RX 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:

PARAG B SHAH

Name of Person

JSK RX LLC

Firm/Company

1108 CAMPHOR GLEN CT

Address

VALRICO, FL, 33594

City/State and Zip Code

paragbshah77@yahoo.com

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

For further information concerning this matter, please call:

PARAG B SHAH

Name of Person

at (813)

857-6286

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

FILED

2011 APR 29 PM 4:12

JSK RX LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The Articles of Organization for this Limited Liability Company were filed on 9/12/2008 and assigned
Florida document number L08000087232.

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:

2224 STATE ROAD 60 EAST

(Principal office address MUST BE A STREET ADDRESS)

VALRICO, FL 33594

Enter new mailing address, if applicable:

2224 STATE ROAD 60 EAST

(Mailing address MAY BE A POST OFFICE BOX)

VALRICO, FL 33594

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:

2224 STATE ROAD 60 EAST

Enter Florida street address

VALRICO

City

, Florida

33594

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>
MGR	PATEL, FALGUN	1235 CARRIAGE PARK DRIVE VAL RICO, FL 33594	<input type="checkbox"/> Add <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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

PARAG B SHAH'S TITLE WILL CHANGE TO MGR

Dated APRIL 25, 2011

Parag B. Shah.

Signature of a member or authorized representative of a member

PARAG B SHAH

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 APR 29 PM 4:12

FILED