L080000088738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAR 1 2011
EXAMINER

COVER LETTER

TO: Registration Section
     Division of Corporations

SUBJECT: _____ NDBP 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:

_____ Bharat Patel _____
                    Name of Person

NDBP LLC D/B/A Sample Savahee pharmacy
                    Firm/Company

523 E. Sample Rd
                    Address

Pompano Beach, FL - 33064
                    City/State and Zip Code

SampleSavahepharmacy @ gmail.com
                    E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ Bharat Patel _____ at (954) 785 - 7747
                    Name of Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ $25.00 Filing Fee ☐ $30.00 Filing Fee & ☒ $55.00 Filing Fee & ☐ $60.00 Filing Fee,
                        Certificate of Status   Certified Copy   Certificate of Status &
                                                (additional copy is enclosed)   Certified Copy
                                                                        (additional copy is enclosed)

MAILING ADDRESS: STREET/COURIER ADDRESS:
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                                Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

NDBP   LLC

__(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 __09/ 17/2008__ and assigned

Florida document number __L08000088738__

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here</u>:

_N/A_

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)   _N/A_

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)   _N/A_

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

<u>Name of New Registered Agent:</u>

<u>New Registered Office Address:</u>   _N/A_

Enter Florida street address

_____, **Florida** _____

City   Zip Code

<u>New Registered Agent's Signature, if changing Registered Agent</u>:

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, <u>Signature of New Registered Agent</u>

Page 1 of 2

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

Title	Name	Address	Type of Action
MGRM	NIREN DADIA	5520 NW 106th Dr Coral Springs, FL-33076	☐ Add ☒ Remove
MGRM	MAHASUKHLAL DADIA	5520 NW 106th Dr Coral Springs, FL - 33076	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated 02/24/2011 _____, _____.

_____
Signature of a member or authorized representative of a member

Bharat Patel
Typed or printed name of signee

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Filing Fee: $25.00

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