

LO9000032951

(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



400158940134

07/29/09--01020--009 **25.00

FILED
09 JUL 29 AM 10:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. O'Brien JUL 30 2009

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KRISHNA PHARMACY 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:

JIGNESH PATEL
Name of Person
KRISHNA PHARMACY LLC
Firm/Company
7408 SIKI DEER WAY
Address
FORT MYERS, FL 33966
City/State and Zip Code
jigshil@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JIGNESH PATEL at (**201**) **675-0189**
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

FILED

09 JUL 29 AM 10:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

KRISHNA PHARMACY 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 04/06/2009 and assigned Florida document number L09000032951.

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:

14102 PALM BEACH BLVD.

(Principal office address MUST BE A STREET ADDRESS)

FORT MYERS, FL 33905

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

Enter Florida street address

_____, Florida _____

City

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>
<u>MGRM</u>	<u>BANJARA, REEMA N.</u>	<u>8880 FALCON POINTE LOOP</u> <u>FORT MYERS, FL 33912</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>PATEL, GOPI R.</u>	<u>8884 FALCON POINTE LOOP</u> <u>FORT MYERS, FL 33912</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>PATEL, JIMMY B.</u>	<u>8888 FALCON POINTE LOOP</u> <u>FORT MYERS, FL 33912</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>PATEL, AMITA A.</u>	<u>11081 RIVER TRENT COURT</u> <u>LEHIGH ACRES, FL 33971</u>	<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

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

PATEL, SUSMITA P. is now in MANAGER position (MGR) for KRISHNA
PHARMACY LLC.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

09 JUL 29 AM 10:51

FILED

Dated JULY 23RD, 2009

J.A. Patel

Signature of a member or authorized representative of a member

JIGNESH A. PATEL

Typed or printed name of signee