

L10000043352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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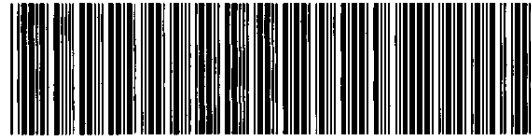
(Business Entity Name)

(Document Number)

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FILED
2010 OCT 26 AM 10:17
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

C. LEWIS

OCT 27 2010

EXAMINER

Lauderhill Pharmacy
5368 N University Dr
Lauderhill FL 33351

Ph. NO. 954-746-2728
fax NO. 954-746-2729

Sending check NO. 1094 Dr 10.23.10
as a filing fees.

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LAUDERHILL 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:

RAMESHCHANDRA K NAIK

Name of Person

Firm/Company

2451 NW 98TH LANE

Address

SUNRISE, FL 33322

City/State and Zip Code

LAUDERHILLRX@GMAIL.COM

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

For further information concerning this matter, please call:

RAMESHCHANDRA K NAIK

Name of Person

at (**954**)

5360786

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

LAUDERHILL PHARMACY LLC

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

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2010 OCT 26 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/22/2010 and assigned
Florida document number L10000043352.

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)

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>
MGR	NIREN DADIA	5520 NW 106TH DR CORAL SPRINGS FL 33076	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	JAYESH DAVE	5902 ABBEY ROAD TAMARAC FL 33321	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	BHARAT PATEL	3901 SOUTH OCEAN DRIVE C8C HOLLYWOOD FL 33019	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	PINKESHKUMAR DESAI	2451 NW 98TH LANE SUNRISE, FL 33322	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	JAGDIP PATEL	125 WOODLAKE CIRCLE GREENACRES, FL 33463	<input checked="" 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 15th August, 2010

Ramesh Chandra K Naik

Signature of a member or authorized representative of a member

RAMESHCHANDRA K NAIK

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA