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SECRETARY OF STATE

T. HAMPTON

OCT -1 2010

EXAMINER

COVER LETTER

Division of Corporations .	
SUBJECT: Independent Pharmacy Consultants LLC Name of Limited Liability Company	
Name of Edinied Electricy Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
NIREN DADIA Name of Person	
Independent Pharmacy Consultants	40
5520 NW 106th Dr Address	
Cosal Springs, FL-33076 City/State and Zip Code Nisendadia 9 mail. com E-mail address: (to be used for future annual report notification)	
Nisendadia 9 mail. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person Name of Person Name of Person Name of Person Area Code & Daytime Telephone Number	
Name of Ferson Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)	d)

Registration Section

TO:

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

Independent Pharmac	y Consultants	LLC
(Name of the Limited Liability Compan (A Florida Limited L	ny as it now appears on our records.) iability Company)	النف سند
The Articles of Organization for this Limited Liability Company Florida document number		SERRETAR) VISERRETAR) VISERRETAR) 1885 NOF 6
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	ility company bere	EED Y OF STAT CORPORAT
The new name must be distinguishable and end with the words "Limit		"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)	N/X	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad Florida, Florida	
·	7"	Esp 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 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 = Ma	naging Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Nisen Dadig	5520 NW 1085 Dr Curul Springs, FL	Add Remove
MYRM	Nisen Dadig	33076 5520 NW 106 th DX Coru Springs FL-33076	Add Remove
MGRM (Plyusi Dadia) PIYASI DADIA)	5580 NW 106th Do Corusprings, FL-33076	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	ng any other information, enter change((s) here: (Attach additional sheets, if necessary.)	_
Lo	moving Nise	n Dadig as 1	anager
<u>\$_</u>	Adding as	n Dadig as No Managing M	FECRETAL SION OF SEP 30
Dated	7/28/2010,	or authorized representative of a member	ILED RY OF STATE CORPORATIONS
_	Signature of a member of the signature of a member of the signature of the	Dadia	

Page 2 of 2

Filing Fee: \$25.00