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DocuSign Envelope ID: C80E98FD-FE71-4192-AEBA-C7953E809E9F COVER LETTER TO: Registration Section **Division of Corporations** SUBJECT: SHREY 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: Jennifer L. Codding Name of Person Massey Law Group, P.A. Firm/Company PO Box 262 Address St. Petersburg, FL 33710 City/State and Zip Code icodding@masseylawgrouppa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813 Area Code) 868-5601 Daytime Telephone Number Jennifer L. Codding Name of Person 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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHREY PHARMACY LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records. In Limited Liability Company)	.)
The Articles of Organization for this Limited Liability C		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	2020 NO
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC"	or the abbreviation "L.L."
Enter new principal offices address, if applicable:		m
(Principal office address MUST BE A STREET ADD	RESS)	- - 73
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	ed office address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
·	Enter Florida street address	
	Floo	
	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 605, 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.

DocuSign Envelope ID: C80E98FD-FE71-4192-AEBA-C7953E809E9F traincroming Authorized rerson(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ragship LLC	19107 Harbor Cove Court	
	Lutz, FL 33558	□Remove	
			□Change
MGR Gautam Thakkar	Gautam Thakkar	19107 Harbor Cove Court	
		Lutz, FL 33558	- FAdd - FRemote
			Denange
MGR	Heena Thakkar	19107 Harbor Cove Court	□ 44 0
	Lutz, FL 33558		
			□Change
			□Add
			Remove
			□Change
			□∧dd
			Remove
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			□Remove
			Change

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· 604:	a duta if when they the duty of 51'
f an effe <u>Note:</u> H	c date, if other than the date of filing: (optional) stive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 filhe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed int's effective date on the Department of State's records.
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)
Dated _	10/28/2020
	DocuSigned by:
	Signature of a member or authorized representative of a member
	E893BBB50C04DF Signature of a member or authorized representative of a member

Filing Fee: \$25.00