## LIO 000069486

(Requ	uestor's Name	)
- (Addr	ress)	
(Addı	ess)	<del></del>
(City/	State/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Na	ime)
(Doci	ument Number	·)
Certified Copies	Certificate	es of Status
Special Instructions to Fi	ling Officer:	





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RECEIVED OCT 1 9 2020

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FILED 2020 OCT 20 PH 4: 29

## **COVER LETTER**

	gistration Sec vision of Corp			
SHR IFCT:	манімі в	RN LLC	• ,	
MAHIMN RX LLC SUBJECT:  Name of Limited Liability Company				
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		ANKITKUMAR H PAND	ΥA	
		· · · · · · · · · · · · · · · · · · ·	Name of Person	<del></del>
		MAHIMN RX LLC		
			Firm/Company	<u></u>
		805 E OAK ST. STE 2		
			Address	
		KISSIMMEE FL-34744		
			City/State and Zip Code	<del></del>
		oakspharmacy24@gmail.co		
		E-mail address: (	to be used for future annual report notific	ration)
For further in	nformation co	ncerning this matter, please co	all:	
ANKITKUI	MAR H PANI	DYA/HETAL A PANDYA	407 350-5925	
_	Name of	Person	at ()	Telephone Number
Enclosed is a	a check for the	e following amount:		
□ \$25.00 I	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 fadditional copy is enclosed)
Ma	iling Address	:	Street Address:	

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

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAHIMN RX LLC

( <u>Name of the Limited Liab</u> (A Flor	pility Company as it now appears on rida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability		2010 and assigned	1 F
Florida document number 1.10000069486	·		
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	mited liability company here:	. 3	>
The new name must be distinguishable and contain the words "L	imited Liability Company," the design	nation "L.L.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		<del></del>
	<del> </del>		
		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or register	red office address on our reco	rds, enter the name of the new reg	istered
agent and/or the new registered office address here	<u>e</u> :		
Name of New Registered Agent:	<del> </del>		
New Registered Office Address:			
	Enter Florida :	street address	
_		Florida	
<del></del> -	City	Zip Code	
New Registered Agent's Signature, if changing Registe	red Agent:		
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete performance of my l agent as provided for in Chaj ered office address, I hereby c	duties, and I am familiar with am oter 605, F.S. Or, if this documen	d

If Changing Registered Agent, Signature of New Registered Agent

.If amending Authorized Person(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>	<u>Address</u>	Type of Action
MGRM	HETAL R PATEL	805 E OAK ST, STE 2	□Add
		KISSIMMEE FL 34744	. Remove
			OC T
MGRM HE	HETAL A PANDYA	805 E OAK ST, STE 2	Remove  Change  Add
		KISSIMMEE FL 34744	
			□Add
			□Remove
			□Change
		<del></del>	🗀 Add
			□ Remove
			□Change
			□Add
			□Remove
			□ Change
			🗆 🗖 Add
			Remove
			□Change

BY KISSIMMEE CIRCUI	T COURT.	
		7020 OCT 20 FM
<del></del>	<del></del>	
		720
		20 PH
<del> </del>		
ective date, if other than t	e date of filing:	(optional)
effective date is listed, the date n e: If the date inserted in this	ust be specific and cannot be prior to date of filing block does not meet the applicable statutory	or more than 90 days after filing.) Pursuant to 605,020 filing requirements, this date will not be listed as
ument's effective date on the	Department of State's records.	
mand an wiff are a dalay 1 - 60		
s filed.	ive date, but not an effective time, at 12:01 a	a.m. on the earlier of: (b) The 90th day after the
ed	2020	
A1.(1	Notype Signature of a member or authorized represent	
////////	MMI I/I	

Filing Fee: \$25.00